

ORAL HYGIENE

A Journal for Dentists
JUNE 1920

The Ransom & Randolph Company
TOLEDO, O. U. S. A.

CLEVELAND

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GRAND RAPIDS

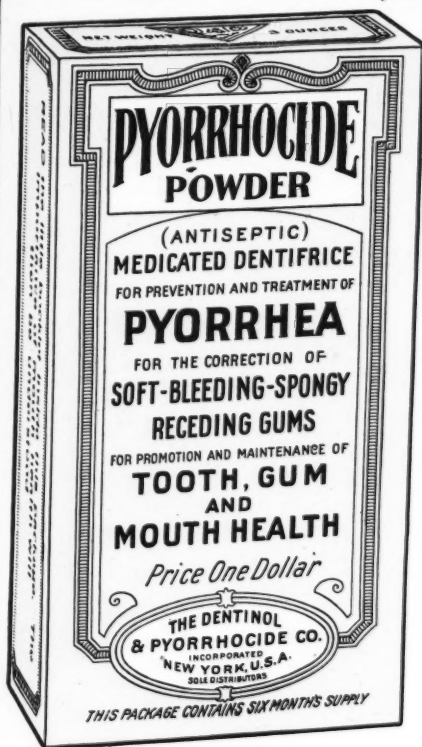
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THE question of getting the pyorrhea patient to co-operate with the dentist in an effective manner often entails a complete change of habits in so far as the use and the kind of tooth brush and dentifrice are concerned.



The facts are that the average pyorrhea patient brushes his teeth about one-half minute.

Dentists who do not force their patients into the habit of brushing both the teeth and the gums for a period of four or five minutes, two or more times each day, with a small, tapering tooth brush with tufts of bristles widely separated, and a medicated dentifrice like PYORRHOCIDE POWDER, are overlooking the most effective way for establishing the right kind of co-operation and for producing the best kind of results. All based upon clinical experience.

FREE SAMPLES

Samples of PYORRHOCIDE POWDER for distribution, a trial bottle of DENTINOL for office treatment and a copy of "Causes and Effects of Pyorrhea" mailed free on request

THE DENTINOL & PYORRHOCIDE CO., Inc.

1480 Broadway, New York

We shall continue to offer through exhaustive scientific research, and by unlimited clinical facilities, only such a dentifrice as is proved most effective in promoting tooth, gum and mouth health.

L. V. SLAIGHT, President

REA PROCTOR MCGEE, M.D., D.D.S., *Editor*

ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME X

JUNE, 1920

NUMBER 6

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Write Your Congressman!

The Proposed Excise Tax on Gold of \$10 per Ounce. Instruments and Teeth Also Affected.

By HOMER C. BROWN, D.D.S., COLUMBUS, OHIO.
Chairman Legislative Committee, N. D. A.

CONGRESSMAN Louis T. McFadden, of Canton, Pa., recently introduced in Congress a bill known as H. R. 13801 providing for an excise tax of \$10.00 per ounce on all gold, except that used for monetary purposes, and for some limited dental purposes, such as Governmental and free clinic uses, and also for corrective and restorative dental work for children under fifteen years.

This legislation is sponsored by the American Mining Congress and is supposed to be approved, if not strongly supported, by the banking interests of the country and also is accredited as having some governmental support.

Its alleged purpose is to stimulate an increased gold production, and there may be some very good arguments for offering some additional incentive to the gold mining industry, in order to produce the required amount of this very important and necessary metal.

This tax is to be distributed as a premium or a bonus to the producers of new gold on a basis of \$10.00 for each ounce mined.

However, unless all gold used in any way to correct physical defects is exempted from the provisions of this bill, the destructive results, both from a humanitarian and an economic standpoint, will be so far-reaching

as to more than counterbalance any constructive benefits wherein economics and the mining industry only are considered.

The teeth rank first and the eyes usually second in any classification of physical defects. The importance and necessity of correcting defective vision has long been recognized, but only in recent years has the importance of neglected mouth conditions, as a positive contributing factor in disease, been generally recognized.

As a result, many industrial institutions are recognizing the individual unit as an asset and have established both medical and dental clinics in order to conserve health, promote efficiency and increase production.

Therefore, if Congress enacts legislation which will in any way tend to restrict the benefits accruing from the correction of such dental and eye defects, the far reaching influence, in the final analysis, will be destructive rather than constructive.

The correction of these defects is fundamentally a constructive service and can not in any sense be considered as a luxury. Thus the best interest of society, in its broadest sense, will be served by recognizing the merit of such an assumption and this will also tend to stimulate an increased interest in health conservation.

Another very objectionable bill

is pending in Congress, introduced by Congressman Isaac Bacharach, of Atlantic City, N. J., and known as H. R. 7785. This bill provides for a greatly increased duty on surgical and dental instruments and artificial teeth, and it passed the House August 2, 1919.

The Senate Finance Committee reported this to the Senate March 2, 1920, without amendments.

All such added expense becomes a fixed overhead and must naturally be distributed to a long-suffering public, whose burdens are already sufficiently oppressive.

Therefore, this becomes more than a dentist's problem and protests from the public would be voiced if the laity were fully advised of the situation.

In view of the foregoing, I urgently request that each reader of ORAL HYGIENE promptly write his Congressman emphasizing the importance of exempting from the provisions of H. R. 13201 all gold used in any way to correct physical defects.

Also, each dentist should promptly write his Senators requesting them to oppose the increased duty on surgical and dental instruments and artificial teeth.

Then discuss this proposed legislation with some of your influential patients and secure their co-operation.

H. R. 13201 is before the Ways and Means Committee of the House of Representatives and I append hereto a full list of the personnel of said Committee:

WAYS AND MEANS COMMITTEE

Joseph W. Fordney, Chairman, Michigan; J. Hampton Moore, Pa.; William R. Green, Iowa; Nicholas Longworth, Ohio; Willis C. Hawley, Ore.; Allen T. Treadway, Mass.; Ira C. Copley, Ill.; Luther W. Mott, N. Y.; George M. Young, N. Dak.; James A. Frear, Wis.; John Q. Tilson, Conn.; Isaac Bacharach, N. J.; Lindley H. Hadley, Wash.; Chas. B. Timberlake, Colo.; George M. Bowers, W. Va.; Claude Kitchin, N. Car.; Henry T. Rainey, Ill.; Cordell Hull, Tenn.; John N. Garner, Texas; James W. Collier, Miss.; Clement C. Dickinson, Mo.; William A. Oldfield, Ark.; Charles R. Crisp, Ga.; John F. Carew, N. Y.; Whitmell P. Martin, La.

It is especially important that these committeemen be communicated with and the officers of any dental organization will be fully justified in promptly speaking for their members, since time is an important factor.



Pathological Fracture of the Mandible

By S. D. RUGGLES, D.D.S., PORTSMOUTH, OHIO

FOR many years past our literature has been so filled with articles on infection, focal and otherwise, that it would appear a needless repetition to refer to the subject again.

However, this is not the case as our clinical evidence is that both layman and practitioner are falling far short of the application of well-established principles known to both.

The dental surgeon is expected to be reasonably familiar with the primary surgical requirements of his work and ignorance or non-observance of these principles would yield disastrous results in malpractice court actions.

The subject of this article is the victim of one of these conditions, I know not which. In either case the result has been most distressing and was wholly preventable, and as it is a duty to point out these mistakes this opportunity is most welcome.

Fractures of the mandible are, fortunately, of infrequent occurrence. The best results in treatment are not obtained except by the coöperation of the physician and dentist and this, as you know, has not as yet become the universal custom.

Pathological fracture, one in which the bone continuity is broken by disease, is seldom encountered. Its origin is not clothed in mystery, rather the contrary, for a history of the case usually points to definite

steps whereby the cause is made plain.

The patient considered in this article was a workman for a large lumber company, age thirty-six, with no history of infection, local or systemic. The origin of the trouble was an abscess on the lower first molar, accompanied by pain and swelling.

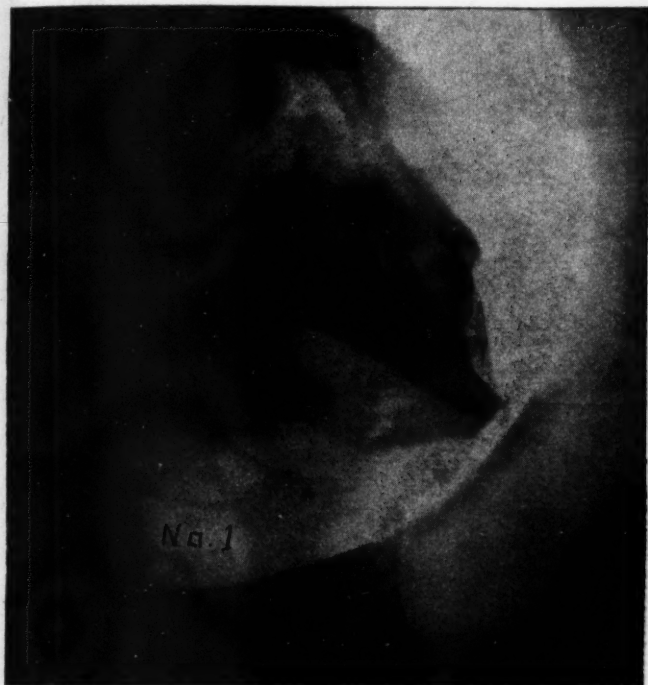
"The dentist injected cocaine all around the tooth and took it out," he said, but the distress was worse than before.

The swelling was increased and the pain only controlled by hypnotics. A copious discharge continued for weeks resulting in total incapacity for work. Numerous small sequestra were exfoliated when finally the case was brought in by a neighboring practitioner with a diagnosis of fracture.

By placing the thumb in the retromolar triangle and firmly grasping the ramus, a downward pressure in the mental region failed to cause any spring or movement of the body and it became evident at once there was no fracture. Fifteen minutes later the X-ray confirmed my findings and a case of necrosis was soon established. (Illustration number one.)

The patient was assured of no fracture at this time, but warned that such may be the ultimate result.

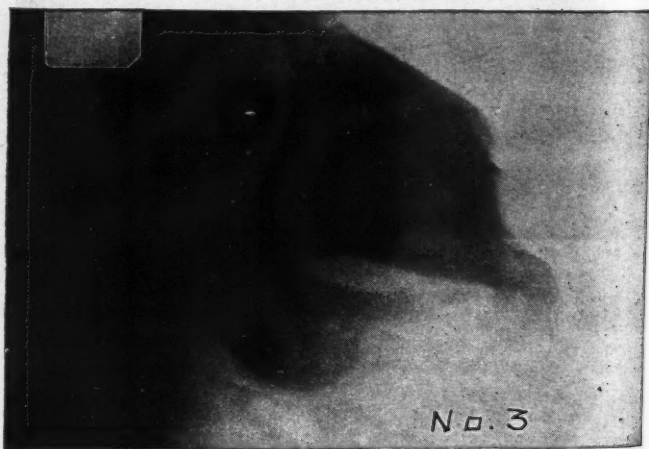
Drainage was promptly estab-



"Fifteen minutes later the X-ray confirmed my findings and a case of necrosis was soon established."



"The large sequestrum, actual size, which was exfoliated ten days after splinting."



"Five weeks later the mandible broke during sleep. * * * *The resulting displacement is shown."



"The bone remaining in the bicuspid area."

lished below the mandible on the external surface by a stab incision. The discharge was profuse and had the characteristic odor of necrosis. After thorough syringing with warm physiological salt solution, a cigarette drain of iodoform gauze was inserted. The large sequestrum extending from the angle to the second bicuspid was quite visible but firm and immovable. (Illustration number two.)

The patient was supplied with a chip syringe and instructed to use a physiological salt solution several times each day. It was evident that a case of watchful waiting was ahead. Steady improvement was noted for several weeks, the patient returning to his work. A permanent sinus was now established below the mandible for drainage and all pain subsided. Five weeks later the mandible broke during sleep. (Illustration number three.)

Impressions were now made of both upper and lower jaws, including all remaining teeth, in modeling compound. The models were mounted anatomically and cast double Gunning splints constructed. These were connected on either side by bolts, which enabled frequent examination and cleansing.

The large sequestrum, actual size, is illustrated in figure two and was exfoliated ten days after splinting. The resulting displacement is shown in figure three. The bone remaining in the bicuspid area is shown in figure four.

Whether regeneration will take place time only will tell, but in spite of the fact that all suppuration has ceased many months will be required for complete regeneration.

With our present methods of nerve-blocking and gas-oxygen anesthesia should these cases occur?

Chinese Dentists Use Unique Methods

We are indebted to the News Bureau of the Interchurch World Movement for this story of Chinese dentistry.—Editor ORAL HYGIENE

WHILE an American dentist is exerting all his skill to save a patient's tooth, his brother dentists in the Orient are urging their countrymen to have as many teeth extracted as possible. The smile revealing a set of perfect white teeth has no charm for the Chinese—they prefer a lavish display of gold, and try to get rid of their own teeth as fast as possible in order that they may replace them with the artificial ones.

Representatives of the Interchurch World Movement now making an industrial and sociological survey of the world, say that the introduction of American methods of dentistry would offer valuable assistance in the solution of China's public health problem. It is common knowledge that China has for centuries neglected the health of her people, and the science of dentistry as well as medicine has not been given the importance that it merits as a factor in national progress.

The Chinese dentist takes a tray of assorted gold teeth and wanders down the streets of his city, rattling his wares and

soliciting the pedestrian to have his own good teeth covered with the gold ones. If the passer-by has a few minutes to spare and a weakness for gold, he hesitates, and indicates the portion of his jaw which would show up a gold tooth to the best advantage.

The dentist whips his instruments from the copious folds of his garment and without further ado makes the desired operation, either extracting the tooth, or substituting the glittering artificial crown. The charge is almost nothing, for these ambulatory dentists apparently have scruples against commercializing their art or else the competition is very great.

Interchurch workers say that the interest China is beginning to manifest in health measures may bring about a change in their methods of dentistry. Western ideas on medicine are helping to make China realize that health is the backbone of a nation, and the introduction of Occidental dental methods would be a valuable supplement to a program of public health reform.

Alienists find that bad teeth cause insanity, says the *Louisville Courier-Journal*. Hereafter a murderer need not hire expensive lawyers to argue that he was insane when the crime was committed. A dentist will do. Let us hope the dentist is wise enough to be an "expensive" dentist in these cases. Real service should bring higher pay than "hot air" does.

Teaching Mouth Hygiene to School Children, from the View-point of the Dental Journalist

By REA PROCTOR McGEE, M.D., D.D.S.

Read before the National School Hygiene Association, Cleveland, Ohio, February 27th, 1920.

ONE of the greatest factors in teaching is coöperation.

The mind that is surrounded by the constant suggestion that a given line of thought is desirable will eventually take that line of thought as a fixed idea. So it is that customs of a district and the mythology of a nation become interwoven in the life of a people.

It is far more difficult to overcome tradition with logic than it is to launch a totally new idea upon a new subject. In comparatively new subjects we do not have any preconceived notions, that are bolstered up with constant repetition, to overcome. It is a mere matter of carrying conviction and then of overcoming the natural inertia.

In teaching hygiene or any other of the newer ideas, it is of the utmost importance that we start out with actual basic truths. If we teach half-truths or so-called "slogans" which are mere catch-phrases intended to carry conviction, simply because they are easy to remember and easy to repeat, we are likely to lay the foundations of traditions that we may wish to change. And we may find that task much harder than our present effort to establish the newer ideas that we have come together to discuss.

If the child, to whom a new idea is being taught, meets with constant deprecation of that idea from those with whom it comes in contact, all of the good work that is done by the teacher will be lost on account of the opposition of the parents so that, instead of fixing the idea permanently in place, the mind becomes uncertain and vacillating and it becomes increasingly difficult to give this child a positive impression.

Unfortunately, many children are raised in an environment of mental uncertainty because the things that they are taught in their schools are actively or passively combatted by their relatives. Many times this opposition to the school teaching is the result of a lack of information upon the part of the parent, not a real objection to the new thought.

We have many people whose temperament is such that, if they do not grasp an idea, they will oppose the idea with the subconscious hope of making the other person explain it thoroughly, in their desire to convince, and thus cover up the actual ignorance of the objector. It is safe to say that the larger part of opposition to newer ideas is the result of a stubborn type of

concealed ignorance rather than a well-informed, reasonable difference of opinion.

In teaching oral hygiene to school children, we find that if we can reach the parents and families of those children with interesting and readable stories upon the importance of the mouth as a factor in general health, the child is encouraged, when it returns home, in carrying out the ideas that the teacher has presented in the school room. This coöperation is of great benefit not only in teaching oral hygiene, but in teaching any other form of uplift work.

Our statistics upon disease are very incomplete. Even a national census can report only a few facts in regard to the general population. It is customary for those who have physical imperfections to conceal them whether the imperfection is the result of birth, accident or disease.

Since the public school dental examinations have been carried on, the relative figures have been surprising and we are convinced that more than 90 per cent of all children of school age are suffering from some form of decay of the teeth or other derangement of the mouth.

The American Public Health Association states that, of the 110,000,000 citizens of this country, 45,000,000 are physically imperfect; 1,500,000 die every year; 3,000,000 never leave their beds; 1,000,000 have tuberculosis; and from 2,000,000 to 3,000,000 have hookworm and malaria. Only 37,500,000 are fairly healthy and 19,500,000 in full vigor.

We are not even positive that

less than one-fifth of our population are in full vigor because there may be among those people much that is concealed and many incipient diseases that are as yet not sufficiently developed to be recognized.

The matter of health of every portion of the body is far more vital to this community than any other one thing at present.

When Emerson said, "Health is the first wealth," he spoke better than he knew.

The greatest cause of disease is ignorance of well-known and well-established facts. Even those who have given the closest attention to health and hygiene realize very definitely that we have only scaled the surface of the possibilities of life and the few things we actually do know well are not widely understood. In teaching the principles of hygiene as we know them, we must not get the idea that all that will ever be known is known and that this is the final advance.

We are simply beginning to recruit the volunteers who will carry the message as we know it to those with whom we do not come in contact.

In the old civilizations, such as that of ancient Greece, the Spartans regarded childhood from the standpoint of physical perfection. If the child lacked in vitality and was afflicted with any weakness, it was cast aside to die and in many cases actually put to death. Until the last few years, we were not so far better than this, because comparatively little attention was paid to child welfare and the insidious infections were allowed to do

slowly the work that the old Spartan did *quickly*.

One of the greatest contributory causes of disease, under-development, under-nourishment, and in many instances, of mental deficiency, in children, is an unhealthy mouth.

We know that the highest death rate among children is from two to six years of age—the pre-school period. During this period, the child depends wholly upon its temporary teeth to prepare its food for the action of the digestive ferments. This is a time of very rapid growth when the cells of the little body are constantly calling for nourishment—not only to maintain life, but to increase the size and activity of the child. If, at this time, we allow the important organs of mastication to become deficient, to that extent we lower the vitality of the child because the food—even though sufficient in quality and quantity—will not be properly prepared for the chemical action of the stomach and intestines and many of the elements, we believe, frequently the vitamins themselves, may be lost so far as benefit to the child is concerned—because of this improper mastication of food.

The effort of teaching mouth hygiene to school children must begin in the pre-school period to be a success. The earlier we can reach parents and guardians and convince them that temporary teeth are just as important—in fact, more important—to the growing child than the permanent teeth themselves are to the adult, the better.

By this I do not mean that I do not appreciate the importance of permanent teeth to the adult, but there is this difference: the adult requires only sufficient nutrition to keep up energy and to maintain the integrity of the system, but the child must grow mentally and physically.

The permanent teeth are amenable to treatment to a much greater extent than are the temporary teeth and lost permanent teeth can be replaced by substitutes that go far toward restoring a normal condition.

Lost temporary teeth cannot successfully be replaced and when the pulps are exposed it is almost impossible to restore the tooth to anything like its normal function.

And, furthermore, infection about the mouths of children is more easily taken up by the general system than it would be in adult life.

The object of dental journalism is to get the idea of oral hygiene first to the dentist, next to the physician, next to the teacher, next to the parents, and finally to the children. We propose to do this by the publication of material that will interest these various classes of people. Each will be interested by a different presentation, and each must be thoroughly convinced in order that the whole structure may hold together.

If the dentist does not thoroughly believe in oral hygiene, his influence in the community in which he lives will make it extremely difficult and even impossible to carry on successful teaching among the children.

If the physician is not convinced of the importance of the mouth as a part of general health, he will constantly overlook this vestibule of the system and will not give his proper support to our efforts to coöperate with general medicine and surgery to raise health standards.

If the teacher does not believe in oral hygiene, the instructions given the child—even if required by the school curriculum—will be half-hearted and totally a failure.

If the parents do not believe in oral hygiene, all this talk to the child on this subject will be so combated by indifference or opposition that there will be only a perfunctory observance while in the school room upon the part of the child, and that *conviction* which becomes the basis of health habits, will be absent, so that after all of our teaching it will be very much like some of the Indians who were educated at Carlisle—who, when they returned to the reservation, tossed their Latin diplomas into a pile of highly infected blankets, took off their civilized clothes and went back to the tepee and the moccasin, and quickly forgot that they had been away from the haunts of their ancestors.

The dental journals collect, so far as possible, all of the material and information that is available and prepare it so that those who desire knowledge beyond their own personal experience may have reference to approved facts.

Many of the articles published are full of the necessary information that is desired by clubs and

societies who are working for school clinics. Many of the stories are put up in such form that the parent will become interested. The stories for lay education are so written that "John, the Blacksmith," will understand them, and yet so arranged that they will each convey one truthful statement in regard to the mouth. [These stories are written so that this one statement will be easily remembered.

We go upon the basis that all people are amateur physicians and when an amateur physician is presented a new health idea, the amateur at once becomes a missionary in diffusing that idea.

In presenting our stories to the laity, we try to arrange the facts in such a simple way that the average mind can retain them and the average tongue repeat them.

In addition to this method of publication, we find that, printed in pamphlets and in book form, articles of a similar nature to those prepared for the newspapers can be sent to the places where newspapers do not circulate. As a means of circulation, we have the public prints: the daily papers, weekly papers, school journals, national weeklies—and the moving pictures.

There are several series of syndicate articles now running in different parts of the country that print daily or weekly stories upon the mouth as a factor in health. (In my own journal, *ORAL HYGIENE*, we are printing enough of these stories to make one for each week in the month, and these may be published by

any newspaper that will take them in their entirety.)

As a rule, a story of 300 words is the best length for this type of information. If the article is much shorter than 300 words, it will hardly cover a given subject; and, if it is much longer, it will be too tedious for the average person to read.

The language must be of the simplest and, if technical words are used, they must be defined because people do not read periodicals with a dictionary. In fact, there are many in this country who are total strangers to the dictionary.

Another use for these lay educational stories is as a basis for popular talks.

The difficulty in giving a talk is to get the start.

Those who know enough about oral hygiene to discuss the matter can very easily launch into the facts with which they are acquainted if in some manner they can weigh anchor and get started. These stories will serve that purpose.

We also desire as far as possible to discourage the false information that is very widely dispensed by the advertising quack and which does so much harm in giving erroneous ideas wide publicity. Another publicity feature that is difficult to overcome is that of the hack writer who will dilate upon any subject under the sun at so much per word on space rate, who can dress his pseudo-information in attractive words and carry conviction that is foreign to the truth. We will give these hack writers credit for having good intentions, but

they treat subjects upon which they are not qualified to speak.

We do not intend to convey the impression that the subject of oral hygiene is hedged about by sacredness or privilege, but we do feel that those who take up the matter in public should know something of the subject—in fact, considerably more of the subject than they intend to express.

Another element of danger in all hygiene movements are the interviews with the "eminent practitioner" who either is non-existent or who is afraid to back up his information with his name. Anyone who has a health message to the public that is founded upon solid fact, should certainly be proud to connect his name with it.

In the whole range of general medicine, there are only a few diseases that are preventable by vaccination and inoculation—only a few that have a definite successful treatment, and yet these few achievements have made life surer and better.

We do not claim that dentistry is a universal panacea for all of the ills of mankind, but we do know that the clean, healthy mouth where every normal mouth function can be performed takes equal rank as a preventive of disease with the best that has been done in any field of prophylaxis.

To test ourselves on oral hygiene we might try out a confession of faith:

DO YOU BELIEVE—That more than ninety per cent of the children of this country have decayed teeth?

DO YOU BELIEVE—That if the mouths of children were properly cared for, the children would be more comfortable, happier, healthier, brighter and better?

DO YOU BELIEVE—That clean, healthy mouths would be a benefit to growing youths and maidens at that time in life when they emerge from childhood, and in those years of rapid development and intensive education that tax the nutrition of the body to the utmost?

DO YOU BELIEVE—That when men are called to the defense of their country in time of war, the wholesale rejection of recruits on account of preventable mouth lesions is a national calamity?

DO YOU BELIEVE—That in active business life, a healthy mouth is good life insurance and one of the prime agents in the production of human energy?

DO YOU BELIEVE—That mothers with clean, healthy mouths bear stronger, healthier children?

DO YOU BELIEVE—That in middle age the health and vigor of body and mind depend greatly upon the health of the mouth?

DO YOU BELIEVE—That a healthy mouth contributes to long life?

DO YOU BELIEVE—That proper treatment can prevent or relieve suffering?

DO YOU BELIEVE—That proper treatment can conserve or restore function?

DO YOU BELIEVE—That proper treatment can prevent or cure a large group of local and general infections?

If you believe any of these things, don't you think it is your

duty to help let the people know that here is something that is vital to their welfare?

WOULD YOU RATHER HAVE—Over ninety per cent of the children suffering from everything from incipient caries to chronic alveolar abscess with systemic involvement?

WOULD YOU RATHER HAVE—The future of your race depending upon women with almost every form of mouth deficiency and infection?

WOULD YOU RATHER HAVE—The people who should be in the prime of life, aging prematurely through neglect of their mouths and consequent focal infection?

WOULD YOU RATHER HAVE—The aged spending the twilight of life in close communion with necrosed roots, pyorrhea, and apical abscesses?

WOULD YOU RATHER HAVE—Ninety per cent of the people living their whole life in ignorance of the things that should be done to their mouths for their health's sake?

The lay education movement is a direct development of the oral hygiene movement. The original oral hygiene work had mainly in view the education of the public to the importance of taking care of the mouths of the school children. That idea has grown until every department of dentistry, from the first "good-morning" to baby's premier tooth to foci of infection, is embraced.

There has never been a great movement so universally beneficial to the public as oral hygiene. Oral hygiene is so firmly established in many districts that it

would be more difficult to stop, than it was to start it going in the first place.

This is what the dental journal-ist wishes to convey to all of the people, and we are using every effort to spread this informa-tion.

The teachers and the public school clinics are doing their part wherever they have been given an opportunity, and the province of the printed page is to back them up in their efforts for the welfare of the future citizens of the republic.

To My Dentist

(With apologies to the author of "The Rosary")

BY GRACE G. BOSTWICK

The hours I spent with thee, Cruel Heart,
Have saved my precious pearls for me;
I count each patched-up one of them apart
But oh, your fee—your awful fee!

Each hour a pearl, each pearl a prayer
To ease a jaw with anguish wrung;
I tell each one unto the end
And there a bill is hung!

O memories that stab and burn!
O deadly drill and nerve that's lost.
I view each tooth and strive at last to turn
And cuss the cost, old top, and cuss the cost.

"Do you believe that there is really any such thing as growing old?"

This is the question that was put to Thomas A. Edison, grand old man of American science, on the occasion of his seventy-third birth-day. And here is Thomas Edison's reply:

"If man delighted in studying the natural element in which he exists, and if he used this knowledge to protect his body against the malignant actions of his environment, I think that he would live at least twice as long as now, with his mentality unimpaired at the end of life. As man learns more of his environment and is thus able to protect himself more and more, there is no reason that I can see why his form of life should not be as long as that of the Sequoia trees of California, which is several thousand years."

Banquet to Dr. Friesell

AT the annual meeting of the Odontological Society of Western Pennsylvania, April 13th and 14th, 1920, a testimonial banquet was given at the William Penn Hotel, Pittsburgh, in honor of Dr. H. E. Friesell, President-Elect of the National Dental Association.

The banquet was dry, on the basis of a well known soap that floats—that is 99½ per cent.

Many of those present were very much worried over the actions of the head waiter, who made a beautiful mess of things, until it was discovered that he was a well-known comedian employed for the entertainment.

Here is the brief biography of Dr. Friesell as it appeared upon the souvenir menu:

H. EDMUND FRIESELL

D.D.S., Pennsylvania College of Dental Surgery, B.S., University of Pittsburgh; LL.D., Marquette University

Born November 10, 1873. Preliminary education, Public and High Schools, Pittsburgh. Attended Pennsylvania College of Dental Surgery. Attended University of Pittsburgh. Professor Histology, University of Pittsburgh, 1903. Professor of Operative Dentistry, University of Pittsburgh, 1904 to date. Chairman Tabulating Committee for State Board Examinations, 1906 to date. Professor Operative Dentistry and Dental Pathology, Western Reserve University, 1907-1917. President National Association of Dental Faculties, 1911. Chairman Committee on Curriculum, Dental Educational

Council of America, 1911 to date. President of American Institute of Dental Teachers, 1913. President Pennsylvania State Dental Society, 1916. Preliminary Dental Examiner for Dental Reserve Corps, 1917-1918. Consulting Oral Surgeon, U. S. Marine Hospital, Pittsburgh, 1919. Dental Surgeon St. Francis Hospital. Dean Dental School, University of Pittsburgh, 1904 to date. President-Elect National Dental Association 1920.

The speakers were particularly happy in their remarks but one of the things they overlooked in their eulogies of him was to thank his father and mother for raising him.

It is seldom indeed that a man in his own home town can call forth such a generous and whole-souled demonstration as this banquet proved to be.

The program follows:

Toastmaster, Dr. John F. Biddle, University of Pittsburgh.

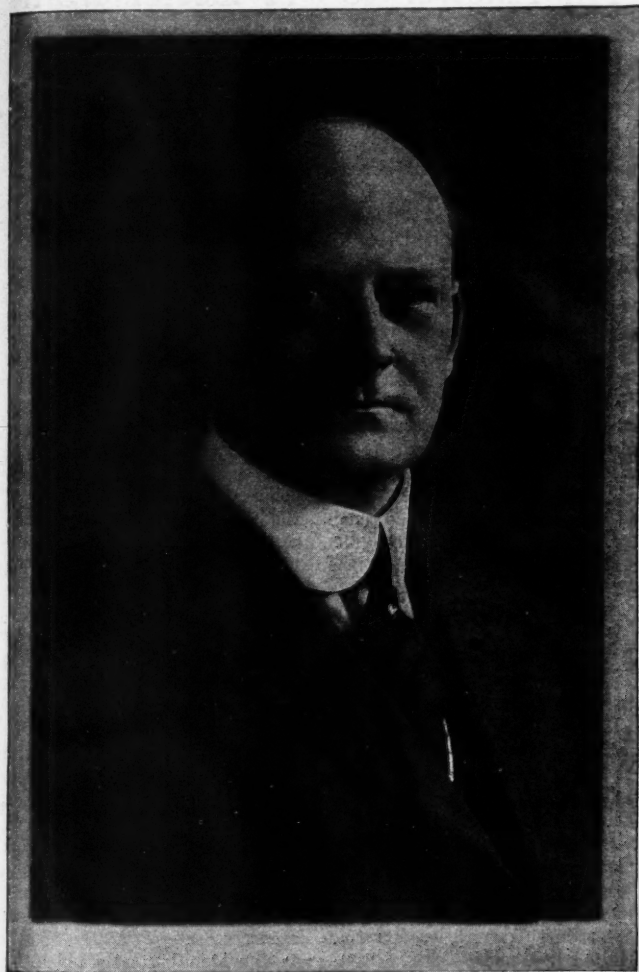
Our National Association, Dr. John V. Conzett, President National Dental Association.

Dr. Friesell, the Teacher, Dr. Arthur D. Black, Dean Northwestern University Dental School.

Some Present Day Problems, Dr. A. W. Thornton, Dean Dental School McGill University.

A Message from the Dental Educational Council of America, Dr. Albert L. Midgley, President of the Council.

Our Member, Dr. W. A. McCready, President Odontological Society of Western Pennsylvania.



Dr. Friesell, the Man, Dr. W. J. Holland, Director Carnegie Institute.

Response, Dr. H. Edmund Friesell.

At the close of the program

the faculty of the University of Pittsburgh presented Dr. Friesell with a beautiful clock of the old grandfather type—but with modern ideas. Which is just as it should be.

An Answer to "A Letter from France"

Editor Oral Hygiene:

Allow me to make a personal remark on "A Letter from France," published in the February 1920 number of ORAL HYGIENE on page 213. My letter, published in the September 1919 number of ORAL HYGIENE on page 1070 was written in consequence of repeated questions as to my future work and directed personally to Dr. Belcher. In this letter I wrote that the Strassburg Dental School Clinic was closed at the beginning of the war, as the rooms were required for soldiers with diseased teeth or jaws. Whether the Dental School Clinic was reopened by the French was at that time unknown to me.

Dr. Belcher calling me "the father of the Dental School Clinics in Europe," was done without my knowledge or wish. I do not know when Dr. Geo. Cunningham of Cambridge, England, founded a Dental School Clinic, neither does this appear from the "Letter from France." It says there only: "he founded in this town a Dental School Clinic, which he spoke about at the First International Dental Congress in Paris 1889."

That I opened the first Dental School Clinic in Germany, in Strassburg (Alsace), is a fact that cannot be denied.

In the year 1888 this clinic was founded together with the University Dental Clinic and taken over in 1902 by the town as an independent institution.

As Town-School Dental Clinic, it was not only the first clinic of the kind in Germany, but as far as I know the first in the world.— This I think is the important point of this whole question, as only a municipal or state Dental School Clinic is able to fulfill its task.

It is self-evident that with such innovations a good deal of preparatory labor was necessary. Should Dr. Geo. Cunningham have had the first thought on this subject, there will be no opposition on my part in giving him the above named title. Many colleagues in all the countries of the world have helped in the realization of this thought, for it was only through mutual work that the attained results were possible.

But we are still far from having reached the goal. The resuming of the international work of the F. D. T. under the guidance of its president Dr. Truman W. Brophy should be welcomed with joy and it would be a merit on the part of the F. D. T. to show that, notwithstanding the times now behind us, an international work of civilization is again possible.

PROF. DR. JESSEN,
Basle, Switzerland.

Honored Sir:—

You would greatly oblige me by kindly inserting the foregoing letter in the next number of your valued journal.

Yours sincerely,

E. GUPA.

The Eighth Wonder of the World

By JOHN PHILIP ERWIN, D.D.S., PERKASIE, PA.

I COME not to praise Amato—nor to advertise “his master’s voice.” For that my feeble efforts were in vain. They need not my help. It is rather my purpose to teach a simple life lesson needed by all, yet learned by few.

A young dentist recently came to me complaining that people did not appreciate him. Said he, “My work is as good as the average. I keep up to date. I try to please. But patients never thank me for my services. They seldom admire my work. I can’t see why they don’t applaud once in a while.”

It was a troublesome problem to him. To him the fault appeared to be entirely in others. He never dreamed that his own shortcomings were the true cause.

After a brief discussion of his lament, I tactfully changed the subject with, “By the way, I have a new Victor record that I would like you to hear; Amato sings *The Prologue* from *Pagliacci*. Let me play it for you. Believe you will like it.”

Being musical, he readily assented. As the famous baritone rendered that brilliant song—as only Amato can—my young friend sat enraptured. He followed every note. When the grand climax came with a dramatic high note, perfectly sustained, he applauded heartily, exclaiming, “Wonderful! Best I ever heard!”

“But why do you applaud so heartily?” I asked.

“Why—ah,” he stammered, puzzled by my question, “It was so good, I couldn’t help applauding.”

“There is the solution to your complaint,” I told him. “Your work is only fair. Such never attracts attention. The populace cares naught for the mediocre. If you would arouse admiration, if you would win public praise, pattern your work after Amato’s—*so good that people cannot help but applaud.*”

Proving himself a good listener I went on. “Sounds simple, eh? Well, let me tell you that few, very few, learn that the eighth wonder of the world is—**THE MAN WHO RAISES HIMSELF OUT OF MEDIOCRITY UP INTO IMMORTALITY.**”

“The average mortal is unknown beyond the gates of his own city. The flight of an arrow marks the length of his influence. He lives and dies in obscurity. Among all my acquaintances but one has attained national prominence. That one is the Spearmint King. He was a charter member of the original Cayuga street gang. All the others glide across the stage unhonored and unsung—except by the village parson.”

“Do you mean to say that there can be no success without *superior service?*” interrupted my young friend. He was following me closely.

"Exactly," I replied. "The two are inseparable. Wherever you find immortals you meet with—*something so good that you can't help but applaud*. It is an operation of the law of cause and effect.

"This is easily proven. Would you inspire men to do and dare unquestioningly? Write a 'Message to Garcia.'

"Would you touch the heart strings of mankind? Compose a 'Home Sweet Home.'

"Would you emancipate a race in bondage? Write an 'Uncle Tom's Cabin.'

"Would you conquer in merchandise? Build so large, so sincerely, that your store, like John Wanamaker's, will not need your name displayed.

"My model is 'The Sermon on the Mount.' That masterpiece will thrill humanity when common scribbles are long forgotten. So perfect is it that to add or to take away one word would be to spoil it—so good we cannot re-

frain from admiring and emulating it.

"Abraham Lincoln held the same ideal. Hence his immortal Gettysburg speech.

"John McCrae lived under a similar spell. Thus inspired, he gave to the world that Kohinoor in English 'In Flanders Fields.' Can you catch the intimate relation between these two masterpieces and my model?" I asked.

"Easily," he replied.

"Then you have the open sesame to the eighth wonder of the world. Pattern your efforts after the perfection of Amato's Prologue, after the sublimity of the Beatitudes. Make your work so good that humanity cannot help but applaud."

Thus ended my lesson. I believe it will eventually bear fruit. A little bird whispered that my young friend now has the Amato record and that when his spirits droop he recharges his ambition with a rendition of it.

Chicago Dentist Leaves for Serbia as Red Cross Aid

Dr. Kenneth W. Murphy, a member of the faculty of the Chicago College of Dental Surgery, has sailed for Serbia where he will remain six months in the service of the American Red Cross.

He is one of about thirty dentists and physicians who have enrolled for duty in Serbia and Montenegro. He will rank as a lieutenant and will be associated with the foreign medical board of the Red Cross.

Dr. Murphy is a member of the Press Club, the Chicago Dental Society, the Illinois Dental Society, and the National Dental Society. His home is at 5212 Winthrop Avenue.

Department of Lay Education

“Your Teeth”

By REA PROCTOR McGEE, M.D., D.D.S., PITTSBURGH, PA.

Here are four of the stories, prepared for daily and weekly newspapers. Others of these will be printed in future issues.

Contours

THE shape of a tooth is the result of ages of evolution. It would be impossible for us to improve upon the plan of a normal tooth. When decay, or caries, has destroyed a part of the contour of a tooth, that contour must be restored if the tooth is to do its work and remain a desirable neighbor to the other teeth in the mouth and to the gums. After the cavity is shaped right, the dentist thoroughly dries and sterilizes it and places the filling material so that every part of the cavity is exactly filled. Then he builds the filling to imitate the original shape of the tooth. Every little line and every ridge and cone is duplicated. The margins of the filling are so carefully and closely approximated that the cavity is hermetically sealed. The most difficult place to shape and finish a filling is at the gum margin between the teeth. If a filling should be left rough or should become roughened from hard use, it becomes a source of danger to the health of the mouth because it retains food, causes irritation to the tongue or cheek or lip and many times holds food tightly packed against the gum. If there is too much space between the teeth, or if there is a

projecting filling or a roughened area, pyorrhea will usually be started by infection that follows constant bruising of the gum.

If a filling is too high, the tooth will have more than its share of pressure and either the filling will give way or the tooth will be loosened in its socket and the pulp will be destroyed. This means soreness at first and eventually an abscess. The correct filling of a tooth is one of the most skillful operations that man has ever learned to perform. Like many other good things, the better they are the less we hear about them. It is the bad ones that raise Cain.

Do It In Time

IF the ordinary processes of nature were never interfered with it would not be necessary to extract the temporary teeth; they would extract themselves at the proper time. Normally the roots are absorbed as the time comes for the eruption of the permanent teeth and the crown, or business-end of the tooth, is left hanging to the gum. Some day a little extra pressure removes the baby tooth and in its place there is the tip of the cusp of the permanent tooth that follows. If this natural system was always followed a

great deal of trouble would be avoided. Unfortunately many causes operate to interfere with nature's perfect plan.

If the permanent tooth does not come directly under the temporary tooth, the absorption of the root will either be incomplete or it will fail to absorb at all. Sometimes long slivers of the temporary tooth roots are left and when the crown comes off or an attempt is made to extract, these root pieces are left to wedge in the process between the permanent teeth. This condition always results in inflammation, sometimes causes serious abscesses, and often interferes with the effort of the permanent tooth to take its proper place in the arch.

Pieces of the roots of temporary teeth should never be left in the mouth.

Temporary teeth that are abscessed should always be removed, regardless of the age of the child. When these teeth are lost before the time for their permanent successor to take their place a retaining appliance must be made to hold the space so that the permanent tooth will not come in the wrong place. In nearly every case it is safe to give nitrous-oxide-oxygen as an anesthetic for children. Never allow a child to suffer any pain if you can avoid it. Either a local or a general anesthetic should always be given.

Inlays In Teeth

AN inlay is a filling that is made outside of the mouth and when finished is fastened in the tooth cavity with a dental ce-

ment. The making of inlays is a very ancient process that was a lost art for many centuries. The Aztecs of old Mexico used green stone inlays in their teeth. The green stone was not used to stop cavities as we use inlays but was purely decorative. The Aztec nobility would have fanciful designs cut in their front teeth, probably tribal marks on the order of our coat-of-arms, then the green stone was cleverly cut to fit the cavity and cemented with a very durable transparent cement. The durability of these prehistoric inlays is proved by the fact that there are in existence a number of Aztec skulls with the green stone still firmly in place.

Inlays of porcelain were the first to be made in modern times. Porcelain was used because it can be made to approximate closely the color and characteristics of the natural teeth. The process of making a porcelain inlay is very difficult but the result is so satisfactory that many are made for fillings where gold would be objectionable.

The gold inlay is now very widely used. There are many ways to make them, but the object is the same: that is to fill the cavity perfectly, to restore the original contour, and to be durable. All of these things a gold inlay does. The miniature casting that is required to make a gold inlay is an art of modern times. Gold inlays are made with remarkable accuracy and, as they are made outside of the mouth, they are much less painful than gold fillings that must be malletted into the tooth. Whether a good gold inlay is better for the tooth

than a gold filling that is also good is not yet decided. I would say that either one is all right.

Loss of the Temporary Teeth

ALL temporary teeth that are abscessed must be removed. There must be no delay. Harmless abscesses do not exist. If your child is carrying poison in his mouth, and you know it, are you willing to assume the responsibility when the little one suffers from systemic infection or do you expect to place the blame upon an all-wise Providence? Every child's mouth should be examined at frequent intervals to find out whether or not there is decay or infection or both.

In many cities and towns both in this country and in Europe there are public school clinics where the children's mouths are examined and where reparative work is done. In many states the public health boards send out dental clinic committees to exam-

ine the mouths of children in the country and small town districts so that the parents may be informed on the conditions that are present in the mouths of their children. The interest in these clinics is very great; in January, 1920, an examination clinic was being held by the Minnesota Public Health Commission in a far northern district where the temperature was below zero and the snow was two feet deep. One country school twenty miles away bundled up three bob-sled loads of little tots and sent them to be examined. The people of that kind of district appreciate their children and are going to raise them up to be strong, healthy citizens. These clinics are for the purpose of informing the parents what should be done and the parent can then take the child to the dentist of their choice and have the child's mouth put in order. When you get a school report on your child's mouth, appreciate it by following instructions.



The Surprising Caloric Value of Dainties Eaten Between Meals

The following is an editorial from "The Journal of the American Medical Association," and is of more than passing interest and will well repay careful reading.—Editor ORAL HYGIENE.

NOW that the war is over, many of the restrictions imposed by governmental mandate, the exigencies of commerce, or a patriotic conscience need no longer apply to the behavior of our population. "Sugar and spice and everything nice" may once again be included in the diet of American homes. We may at length return to the consumption of those dietary luxuries that have attained great popularity in the United States. Candy is no longer tabooed, nor is purchase restricted by a food administration. Strangely enough, the enforcement of prohibition has apparently increased the use of candy, as it has augmented the consumption of the sugar-containing temperance beverages. The calorific potency of alcohol is likely to be replaced by the fuel value of "sweets" eaten here and there between meals.

It is commonly believed that these "extra foods" consumed apart from our regular meals on the most varied occasions, frequently several times a day, play a relatively insignificant role in the total value of our food fuel. Not long ago, however, Benedict called attention to the true value which ice cream, soda water and various comparable popular American extra foods really represent in terms of calories, the standard units of food energy. Some of the

commonly served portions eaten in haphazard fashion on the spur of the moment may be equivalent to as much as 500 calories, while 100-calory portions are anything but unusual. In a more recent contribution, the same investigators have brought further actual evidence of the unexpected food value of many of the items innocently consumed without thought of possible nourishment therein by thousands every day. Prior to the recent inflation of prices, from 50 to 60 calories were frequently obtainable in so-called penny candies; in some of the cheap nut candies the yield even exceeded 100 calories for the small coin that delights the child. The eating of "extra food" is by no means confined to children.

The man and the woman who depend on the meal-time food fuel of from 2,000 to 3,000 calories a day indulge in candy as a pastime or eat an after-theater lunch for the sake of sociability—not because they feel the need of more food nor because they appreciate the magnitude of the diet intake. It will come as a surprise to most persons to learn on reliable authority that a single caramel, a nougatine or a penny's worth of candy may furnish sufficient energy to supply the extra heat needed for walking a mile or more. Equally startling will be the

news that the ingestion of three seemingly insignificant, medium-sized olives can yield the amount of heat liberated in a half-mile walk. We are informed that for a man of average weight to walk from the bottom to the top of Washington Monument would require an extra heat production of 80 calories. The energy expended in this not inconsiderable effort may be completely replaced by the consumption of less than half a doughnut, six

walnuts, five large olives, or four pretzels. Perhaps we shall learn from such facts how futile a "constitutional" walk is in any attempt to combat the accumulating energy from undue eating between meals. Or possibly, on the other hand, the doughnut will gain repute as a standby in times of muscular stress and thus retain in peace the unique favor that it won through the efforts of the Salvation Army in the days of military stress.

Following its policy of marking appreciation for service by a gift which will extend its benefits over a period of years, the New York Central Railroad has sent \$50 in War Savings Stamps to Weaver Griffiths of Franklin, Pa. Young Griffiths, who is a newsboy 12 years old, discovered a broken rail between Franklin and Oil City and notified the railroad officials in time for the dispatchers to stop an approaching passenger train and avoid what might have been a dangerous and costly wreck.

Superintendent W. H. Sullivan of the New York Central in sending the stamps wrote:

"I am sending you herewith by registered mail \$50 worth of War Savings Stamps as an expression of appreciation from the New York Central Railroad Company of your alertness and observation in discovering the broken rail west of Franklin Station recently and the promptness and intelligence with which you handled the situation after making the discovery thereby probably preventing a more or less serious derailment."

Griffiths is a Boy Scout and Mr. Sullivan also expressed his appreciation to Harry Leyda, Scout Master at Franklin, and to the boy's parents, the Rev. and Mrs. P. L. Griffiths.

“Pulling Teeth”

THAT was quite a blow to the members of his profession which Dr. Fuqua, president of the Chicago Dental Society, delivered at a recent meeting of the Illinois State Dental Society. According to a Chicago newspaper, the Doctor attributed to the X-ray a “wave of tooth-pulling,” that in fact is making us “a nation of dental cripples.” The X-ray is a quite recent device for the examination of the roots of teeth and the structure in which they are imbedded. Sometimes abscesses and other diseased conditions are found and the tooth is yanked out. But Dr. Fuqua says that “the X-ray is adjustable and you can read anything into it.”

Presumably the doctor meant to criticise the members of his profession for resorting too readily to pulling teeth that might be treated and saved, but this is something for the experts to fight out among themselves. The layman places himself in the hands of the dentist and yields to his advice. The layman knows a great deal more about the relation between teeth and the general health than he ever knew before. He knows what was not suspected years ago, that the constant draining into the system of pus from a diseased tooth-root causes rheumatism, stomach trouble and other ailments that result in serious physical impairment and even death. When the dentist tells him that there is a pus-producing abscess at the base of the

tooth he wants to be rid of the thing and in many instances he prefers to have the tooth pulled rather than have it drilled and scraped and sawed and tortured. So it may be the patient rather than the dentist who in most cases is responsible for the “wave of tooth-pulling.”

It is encouraging to know that dentistry is making such rapid progress. Much less than half a century ago the “wave of tooth-pulling” was far more general than at present. The first thought of treatment for an aching tooth was to pull it and little thought was given to the teeth unless they ached. The person who sported a gold-filled tooth was considered as a faddist. As for bridge work, few people ever heard of such a thing.

If there were some way of calculating in percentages just the number of people who have been saved from physical misery, from serious disease and even death, by having their teeth regularly attended to, the information would be startling indeed. Since thorough mastication of food is essential to good health, it must follow that decayed teeth, broken teeth and the lack of teeth, contribute an alarming sum-total to human ills. The examination of school children's teeth, free clinics in the hospitals, the progress of dental science, all have made the profession of the dentist one of the most valuable in the whole scheme of human benefit.

Use and Abuse of Cathartics

Castor Oil

THE "soothing purgative" is probably the best sobriquet by which to characterize the therapeutic qualities of this old reliable agent of notoriously nasty taste. Were it not for this unique combination of action it probably would have long ago been consigned to the limbo of the abandoned scourges of the ill. It is a fact that it is the least irritant of the powerful and reliable cathartics, the most potent of the evacuant oils, that renders it still indispensable.

To be a reliable purgative, a substance must produce a certain degree of irritation in the intestine; hence the term "soothing purge" may appear paradoxical. As is well known, this oil, bland and soothing in itself, yields an irritant—recinoleic acid—on digestion in the intestine. Accumulation of this irritant, with possibility of excess of irritation, does not occur, partly because of the powerful peristalsis it provokes, which pushes it on and on, so that the small intestine empties itself into the colon in two hours instead of the normal eight, but chiefly on account of the fact that this unsaturated fatty acid is absorbed and assimilated, and capable of serving as food for man. Castor oil, be it remembered, is an article of diet in China, which goes to prove the saying, "*de gustibus non est disputandum*." Demulcent up to the moment of its digestion, the portion that is split up becomes momentarily

irritant, to be reconverted into the soothing triglycerid of recinoleic acid—or castor oil—on absorption through the intestinal mucosa.

From this it is easy to understand that the action of castor oil is, to a certain extent, independent of dose, and that the dose is not much influenced by age. An infant may safely be given a teaspoonful or two—a dose that will usually physic an adult.

The reason is that castor oil becomes activated in proportion to the amount of digestive juices available; and, of course, the larger the intestine the more juice there is. The quantity of oil that exceeds the digestive capacity is passed through unchanged, acting merely like so much petrolatum. Excessive action is therefore an impossibility. True, the usual dose for an adult is from one to two tablespoonfuls, and it must be admitted that such a dose is more reliable and thoroughly active than that of a teaspoonful or two. When, however, there is difficulty in administration, on account of the taste, the knowledge that a teaspoonful may suffice for an adult is of importance.

Because of the thoroughness and reliability of its action, and the impossibility of excessive effect, it is the purgative of choice for delicate invalids, infants, in pregnancy, and in patients with hemorrhoids or anal fissure.

For the reasons given, castor oil produces little griping; indeed, it is a good remedy in the treatment of intestinal colic. "The castor oil cure"—a course of daily doses of castor oil—has relieved many an obscure case of abdominal pain, and incidentally made the diagnosis.

In cases of abdominal pain in which an intestinal obstruction is suspected, castor oil is probably the least objectionable of the reliable cathartics. Here, too, it has diagnostic importance; for, if a liberal dose fails to act, more drastic cathartics probably also will fail, and ought not to be employed.

This oil is notorious for its tendency to leave the bowel sluggish after it has produced an evacuation; hence it is one of the worst drugs to give in the treatment of chronic constipation. On the other hand, in view of its soothing qualities, it is a cathartic to use during the cleaning-out phase of the treatment of acute diarrhea. Regarding its use in chronic diarrhea, Brunton writes: "Sometimes a teaspoonful of castor oil, given every morning, will do more for a chronic diarrhea than anything else I know.

I. A. Abt found, however, that even castor oil is not absolutely harmless, at least in children, as he discovered evidences of irritation in the last stools when teaspoonful doses were given on three successive nights. Single dram doses produced no irritation; and, as compared with magnesium sulphate and calomel, it seemed to have the least irritant action.

A dose of castor oil usually acts

in from four to six hours; hence it should be given so that it will produce its effect while the patient is awake. Like other oils, it has a tendency to delay gastric evacuation, and therefore it is best given on an empty stomach an hour before breakfast.

It is possible so to refine this oil, that, provided it is protected from the influence of the air, it is almost devoid of odor and taste. Such oil is obtainable under the trade name of Kellogg's "Tasteless." Squibb's or Allen & Hanbury's, are very similar. It should be procured in small bottles and used while fresh, the bottle being kept carefully corked.

A good way to prescribe castor oil is in elastic capsules, the 2.5 c.c. size being none too large for the average adult. To make such capsules go down easily, it is well to advise that they be dipped in water for a minute before taking them, and to remind the patient to look down while swallowing, just as he does when he swallows food. Holding the head up while attempting to take pills or capsules is one of the chief causes of inability to swallow them. Two of these capsules often suffice for a satisfactory result. If a much larger amount is required, it is best given floating, in the form of the so-called "sandwich" dose. If the following directions are carried out, the dose can be swallowed without tasting the oil:

In a small tumbler or medicine glass is placed a layer of thick syrup of any flavor desired. The glass is inclined in such a way as to coat its inside almost up to the rim. Then the oil is poured into the center of the glass, care being taken that

it does not run down the side. This is topped with a layer of pleasantly flavored alcoholic fluid, such as aromatic elixir. While the dose is being taken, the edge of the glass should be placed on the lower teeth, so as to avoid straining the oil through the teeth, to which some of it might adhere. When correctly taken, the oil follows the alcoholic fluid, gliding down the tongue on the surface of the syrup, without at any time touching the gustatory membrane. Of course, the patient must take the whole dose at one gulp.

The small infant needs no disguise for castor oil. Taste sensation is not sufficiently developed for it to object to so bland a thing as this oil. It will lick the oil from the spoon. As soon as taste sensation asserts itself, however, we should do something to disguise the dose for the child, unless we deliberately inflict it on the youngster as a punishment; as such, by the way, it is used as a remedy, prophylactic as well as curative, for the little fellow who habitually overeats, or the school child malingering because of a dreaded examination. In both instances, a day of fasting is a good adjuvant to the dose of castor oil. However, because of the prejudice against medicine in general which such practice is likely to engender, it is questionable whether some other method of punishment could not be easily found that would be less detrimental, just as threatening to call a physician when the child does not behave makes the youngster afraid of the doctor, when it would be to the child's interest to cultivate the feeling that the physician is the children's friend, the best friend a sick child can have.

Sweetening the castor oil and making it aromatic is a good way of disguising it for the child. By means of saccharin (0.05 per cent) dissolved in alcohol (3 per cent), castor oil readily can be sweetened. When this is flavored with aromatics (vanillin, 0.1 per cent, coumarin 0.01 per cent) and volatile oils (oil of cinnamon 0.3 per cent, oil of clove 0.1 per cent), we have the aromatic castor oil of the National Formulary (*oleum ricini aromaticum*, N.F.), which is palatable excepting for the acidity left after it is swallowed. This can be eliminated by using a non-acrid oil, such as Kellogg's "Tasteless." Children, however, take aromatic castor oil readily, even when made from ordinary oil, as they usually do not associate the after-sensation with the dose that has been swallowed. We may, therefore, consider the problem of the administration of castor oil to children solved by this means.

In view of the N.F. formula, which can be compounded by any pharmacist, it is hardly necessary to specify a proprietary preparation. Should such specifying seem expedient, *oleum ricini dulce*, marketed by the Pitman-Moore Company, Indianapolis, might be mentioned as an example of such a preparation on the market.

The following method also is of practical value, as it enables one to administer a "tasteless" castor oil without the patient's knowledge, and is useful, therefore, for those children who unreasonably object to medicine of any kind. By vigorously shaking "tasteless" oil, with a liberal excess—at least

four times as much—of *hot* milk, in a bottle which they do not more than half fill, and then having the dose taken *immediately*, the mixture will be found scarcely distinguishable from rich milk. Such oil might also be given floating on *hot* soup. However, a protest should be entered here against administering ordinary castor oil mixed with an important food. This might create in the child a disgust against this article of diet that may last for years.

Thorough emulsification lessens the activity of castor oil, probably because in this form it is too rapidly digested and assimilated. A 35 per cent emulsion of castor oil can readily be prepared and made palatable. A formula for such a one is to be found in the National Formulary under the name of *emulsum olei ricini*, N.F.

It is flavored with tincture of vanilla. The British Pharmacopeia has a similar formula of different flavor (orange flower and cinnamon) under the title *mistura olei ricini*, B.P. However, as a babe might require a tablespoonful, and an adult a wineglassful or more, of such emulsions, these preparations are not economical ones, to say the least.

Medicine is still one of the dreaded bugbears of childhood, and castor oil is a leader of these. Let us admit that it is poor technic to insult the palate—the sensitive guardian of our system against chemical injury—when medicine is to be given. It is no longer necessary, and certainly inexpedient. The patient may take the dose; but he does so with open or smothered revolt.

In its fight against cancer, the American Society for the Control of Cancer, has issued a bulletin containing, in part, the following points: During the Great War the United States lost about 80,000 soldiers, and during the same two years 180,000 people died of cancer in this country. Cancer is frequently curable, if recognized and properly treated in its early stages. It begins as a small local growth which can often be entirely removed by competent surgical treatment. It is not a constitutional or blood disease. It is not communicable, and it is not possible to "catch" cancer from anyone who has it. It is not inherited, and there is much needless worry about inheriting the disease. The beginning of cancer is usually painless and for this reason its insidious onset is frequently overlooked. Every persisting lump in the breast is a warning sign. In women continued unusual discharge or bleeding requires the immediate advice of a competent doctor. Do not expect the doctor to tell you what is the matter without making a careful physical examination. Any sore that does not heal, particularly about the mouth, lips or tongue, is a danger signal. Picking, irritating or treating such sores by home remedies, is playing with fire. Go first to your family physician.

From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, INDIANA
Contributing Editor

How to Get the Best Service Out of the Gas X-Ray Tube

SINCE the advent of that wonderful piece of scientific apparatus, the Coolidge X-ray tube, X-ray tubes have come to be classified as "Coolidge tubes" and all other tubes. The other tubes are known as "gas tubes," the Coolidge tube being what we might call an "ionic tube," or perhaps it would be better to say "electronic tube."

I refer hereinafter to the ordinary type of gas tube, one which admits of regulation of the vacuum downward only, as distinct from such a tube as the hydrogen tube which admits of regulation of the vacuum both upward and downward.

To get the best service out of a gas tube one must start right by ordering right. The writer specifies as follows when ordering a gas tube for radiodontic purposes. *Size: 7-inch. Focal spot: Fine or medium fine. Vacuum: Pumped to take about 20 milliamperes with about a 3 or 3½ inch parallel spark back up.*

SIZE.—The process of reducing the vacuum in a gas tube consists simply in liberating gases inside the tube. If the diameter of the bulb of the tube is 7 inches it will naturally take more gas to affect the state of vacuum than it would if the diameter of the bulb of the tube were only say 4 inches.

Thus the vacuum of a large gas X-ray tube is more stable than the vacuum of a smaller one. Stating the same thing backwards, so to speak, a very little gas liberated in a gas tube with a small bulb, or capacity, has considerable, and often undesirable, effect on vacuum. Hence the desirability of the 7-inch tube.

FOCAL SPOT.—A clearer radiographic image can be obtained with a fine focal spot than with a medium or broad one. (When the focal spot is a little larger than desired this can be compensated for, to a degree, by increasing the target-film distance. This of course increases the time of exposure necessary.)

VACUUM.—The most important thing about a new gas tube is its vacuum. Get the right vacuum to begin with, *then do not regulate the tube at all.* Set the parallel spark gap at its maximum, say 7 inches, and leave it there, and, let me repeat the advice, for it is of the utmost importance, *don't send any current through the regulating chamber at all.* Start with the rheostat on a low button and advance, in two or three steps, to about 20 milliamperes. Reduce the parallel spark gap now to learn the vacuum, if the tube is new, or any time the operator wants to

see "what his tube is backing up." But keep hands off the vacuum regulating apparatus.

The tube may be used a long time, making hundreds, even thousands, of exposures before any radiographically noticeable change in vacuum occurs. The change, when it does occur, will be a slight raise, and will be noticed by the fact that the intra-oral radiographs are not as brilliantly black and white as they once were. If now the operator measures the parallel spark back up he will find it, say about 4 or 5 inches. As the tube ceases to make the best looking intra-oral radiographs it will be found that its vacuum has become good for extra-oral radiographs and molar regions of old patients, and, as it is used for these purposes and the vacuum goes still higher, in time to a back up of 5 or 6 inches, it becomes a good tube for sinus work.

With continued use the vacuum will finally go above the point where it will make even good sinus radiographs. They—the radiographs—will be flat, lacking in detail, and sometimes show a brownish color. (As the tube reaches this condition there may be sparking across the maximum spark gap and it is necessary then to reduce the vacuum before the tube can be used at all.) When this occurs, the tube may be returned to the manufacturer and be "repumped to take about 20 milliamperes with a 3 or 3½ inch parallel spark gap back up," and the "benign circle," described above, started again.

But it takes so long for the tube to arrive at the condition

where repumping becomes necessary that, not infrequently, the tube meets with some fatal traumatism inflicted by a janitor or an assistant or the operator himself.

The writer's success in having tubes repumped used to vary. Recently, however, the success of the procedure has been quite uniformly gratifying. I prefer not to have a tube repumped, the target of which is very noticeably burned.

When I commenced to write, it was with the intention to show how to get the best service out of a gas X-ray tube and incidentally to show how easy it is to get this service and how easy correct gas tube technic really is.

Perhaps I have succeeded in my first objective, but it is almost certain that I have failed in the second, for I have used so many words in my description that I must give the impression of difficulty rather than simplicity.

Permit me another attempt to demonstrate its simplicity by setting forth the salient points in gas tube technic:

1. Get the right kind of a tube.
2. Don't "monkey" with the vacuum. Simply advance the rheostat to get the desired milliamperage and "shoot."
3. Have more than one gas tube and as a tube gets high in vacuum use it for purposes requiring a higher penetration.

The foregoing three points are the important ones. To them may be added three points of much less importance.

4. Flash the current through the tube with the rheostat on a low button, then advance rheostat

a little and flash again, then advance as far as desired. (Thus the whole load of the high current is not admitted to the tube all at once and one also guards against accident—electric shock to the patient for example—in this way.)

5. Make exposures in flashes of 3 or 4 seconds with 2 or 3 second intervals.

6. Don't get tube too hot to touch testily with the hand. Don't heat the focal spot above a bright red heat. The vacuum of a tube with a roughened or cracked focal spot gets high much more rapidly than one with a smooth focal spot. Therefore, avoid burning the focal spot. (It is claimed for a new gas tube, recently put on the market, that it may be operated with the anode red hot, without change of vacuum as a result of this heat. I have never used this new type of tube, but if it has, as is claimed for it, the property of stable vacuum with anode red hot, it marks an important advancement in gas tube construction for it will obviate the most annoying necessity of having to change tubes to keep them from becoming too hot.)

From the foregoing it will be seen that the writer does not make it his practice to use the vacuum regulator at all except perhaps a few times just before the tube is returned for repumping.

Perhaps I should add that as I have written the foregoing I have had in mind the use of an interrupterless transformer type of X-ray machine. While the same technic may be applied

with an induction coil or a high-frequency coil it is unlikely that the results would be as satisfactory.

Next month I shall try to tell something about the technic for using the Coolidge tube.

I Wonder What Mr. Parsons Thinks

Here's a layman's opinion of a lay dental radiographer. I quote from an article by Floyd W. Parsons, published in *The Saturday Evening Post* of March 20, 1920.

"The country has become filled with X-ray laboratories, often presided over by some amateur electrician who is no more fitted to analyze radiographs of the teeth than is a boilermaker to build a watch."

I have no arguments to advance in favor of the lay radiographer, but, in this connection, I wonder what Mr. Parsons thinks of dentists.

I wonder what Mr. Parsons thinks of dentists who do not do their radiographic work as carefully or as well as the layman.

I wonder what Mr. Parsons thinks of dentists who leave the work to the office girl and accept whatever she hands them.

I wonder what Mr. Parsons thinks of dentists who never make a radiograph over again to verify a finding.

Then too, I wonder what Mr. Parsons thinks of physician-radiographers who know no more about the teeth than laymen.

I wonder what Mr. Parsons thinks of dentists who patronize

lay radiographers in preference to competent graduate specialists because the latter charge enough to make careful work an economic possibility.

I wonder what Mr. Parsons thinks of dentists whose motives for doing the work are not as clean or honest as those of the lay radiographer. I refer to those dentists who make radiographs not alone for the fee for the radiograph but for the purpose of convincing the patient that extraction (*and of course a bridge or plate*) is necessary, whether it is or not.

And I wonder what Mr. Parsons thinks of dentists who are cutting the fee for radiographs to the point where they find it necessary to make so many radiographs (in order to make their business profitable) that they do their work with a lack of care and conscientiousness that no boilermaker would dare show for his work.

Radiograms

Speaking of beauty and its attraction for the easier sex, Abe Martin says that "it has been proved that most any kind of legs will do, but a girl has almost *got* to have healthy, white teeth."

Speaking of correct diagnosis, no matter how well the wrong thing is done, it is still the wrong thing.

* * *

To postpone going to the dentist one year to save \$10 and to have to go to him the next and spend \$75 or \$80 is not economy.

* * *

C. E. C. defines an abnormal person as one who "has never had the flu or X-rays of the teeth."

* * *

It is a mistake—this thing of trying to get through life without ever making a mistake.

* * *

Oh, Fad, what crimes are committed in thy name!

* * *

Did you notice the cover page of *The Country Gentleman*, issue of February 7th?

With the aid of a coal oil lamp an old gentleman is casting odd shadows of his hands on the wall for the amusement of three kids. If you are adept at this sort of shadowography you can make the shadow of your hands look like a rabbit, and other things.

Radiographs are only shadows—can you tell the difference between the shadow of an alveolar abscess and a "rabbit?"





The Forsyth Banner

IN the Boston public schools a banner is presented each year by Mr. Forsyth to the class the members of which qualify first in having had their teeth put in good condition and in keeping their mouths clean.

The program reprinted below was rendered before the presentation of the Forsyth Banner.

The program is so clever and created such interest that it is reprinted in its entirety with the suggestion that it be used as a model for similar exercises.

Children's Program preceding the presentation of the Forsyth Banner, March 30, 1920. Grade III, Room 3, Mayhew School.

ORIGINAL COMPOSITIONS

"MY LITTLE TOOTH"

By Sebastiano Zaffino.

I am a little tooth. I grew when Sebastiano was six years old. And now I am growing older. If you take care of me by brushing me every morning, then you will find I am a precious jewel.

I thank you, Sebastiano, by keeping me happy. I thank you five times. God bless you, Sebas-

tiano, for keeping me alive by brushing me four times a day. I am Sebastiano's old pal.

"OUR TEETH"

By Josephine Yannello

We must have clean teeth. If you have clean teeth, people think that you brush your teeth four times a day. Now don't you feel very happy? If you don't brush your teeth, you'll feel very unhappy because your molars are gone. Now you feel very sorry because your four molars are gone.

"OUR TEETH"

By Margaret Fucillo

We have clean teeth because we brush our teeth four times a day. If we have our teeth nice and shining, we only have to go to the dentist one time. If we don't go to the dentist we will have rotten teeth. If we don't wash our teeth we will have to go three or four times.

"OUR TEETH"

By Nathan Maister

We all won the banner.

If you brush your teeth four times a day, then your teeth will

be clean. Take good care of your baby teeth and don't forget to take good care of your six-year molars. I am glad I went to the dentist because I wanted Miss Jamison and all the children to win the banner.

This year they filled two teeth and pulled out one tooth.

SONG

(To the tune of "Yankee Doodle.")

Boys and girls are marching on
Well armed with brush and powder
To brush the realm of tooth-land
clean,
And sound the warning louder.

Brush the teeth away from gum,
Downward brush the upper;
The lower teeth we must brush
up,
Because we know it's proper.

The outside, inside brush with
care,
Across the top the grinders;
Four times a day we do this stunt,
Now don't you think we're won-
ders?

We're oh, so healthy, brave and
strong
And feeling very snappy.
A toothache now we never have;
Doesn't that make you feel happy?

CHORUS

Boys and girls are marching on,
Oh, heed our words of warning:
Be a soldier for the cause,
Brush noon and night and morn-
ing.

SONG

(To the tune of "Tramp, Tramp, Tramp,
the Boys are Marching.")

Scrub! Scrub! Scrub! are words
of warning,
Keep all the grinders shining
bright,
Use your powder, brush and
paste,
There's no time to lose or waste,
Keep them clean by brushing
MORNING, NOON AND
NIGHT.

Brush! Brush! Brush! our pre-
cious jewels;
None are there choicer or more
bright.
So we cherish them with care,
While we sing it everywhere:
Keep them clean by brushing
MORNING, NOON AND
NIGHT.

SOME THINGS TO REMEMBER

Remember that you are not to
bite into very hard candy or to
crack nuts with your teeth.

Remember that your teeth
were given you to use. CHEW
YOUR FOOD!

Do not chew all your food on
one side of your mouth. Use both
sides.

Remember that your teeth, by
grinding your food, help to nour-
ish your body and make it pos-
sible for you to live.

Remember to take good care
of your baby teeth.

If you want your second or
permanent teeth to be sound and
straight, *take good care of your
baby teeth.*

Go to your dentist often so
that he may see that your second



The Forsyth Cup, presented to Mr. Thomas A. Forsyth a few years ago by the readers of ORAL HYGIENE.

or permanent teeth come in their proper places.

Brush your teeth after each meal and before you go to bed at night.

Your teeth are more likely to decay during your childhood days than when you grow older.

For this reason they should have careful attention when you are young.

Remember that it does not hurt to have your teeth cleaned and filled when it is done at the right time.

The only way to know the right time is to have your teeth looked at often by the dentist.

The little holes that may form in a few months' time can be easily filled.

If you brush your teeth after each meal and before going to bed at night and have a dentist look at them often there will be very little work, if any, to be done on your teeth.

Don't forget to brush your teeth after each meal and before you go to bed at night.

Brush your teeth at night before you get "too sleepy."

Don't go to school in the morning without brushing your teeth.

Remember that if you want clean food to enter your stomach you must keep your mouth and teeth clean.

Remember to keep your toothbrush clean.

Remember that you can prevent holes from forming in your teeth if you give your teeth proper care.

Don't blame a tooth for aching. That's the way a tooth has of telling you it has not been taken care of.

If you want to be successful in your work and have people respect you *keep your teeth clean.*

Your visit to the dentist will become a pleasure and you will always have good teeth.

Help to make the world pleasanter to live in by keeping your mouth and teeth clean.

PLAY

WINNING THE BANNER

SCENE I

Forsyth Dental Infirmary
Hygiene Department.

SCENE II

Room 3, Mayhew School.

SCENE I

(Nurse and children have arrived at Forsyth Dental Infirmary, and are preparing to go to Hygienist.)

Nurse—Has every one a nickel?

Children—Yes, Miss C.

Nurse—File.

Hygienist—

Make a nice, straight line, children.

Do not lean against the table.

Stand up straight.

How many children have tooth brushes?

Children—(All hands raised.)

Hygienist—How many times a day do you brush your teeth?

Children—Four times a day.

Hygienist—How many can read?

Children—(All hands raised.)

Hygienist—Read what is on the board.

Children—Always brush — etc.

Hygienist—Let me see your teeth.
(Looking at teeth of each child.)

To First—Your teeth are nice and clean three times in succession. I will give you a button.

To Second—Oh, your teeth look good; you will have a button.

To Third—How many times do you brush your teeth?

Child—Four times.

Hygienist—You must put a little harder work into it.

Buy a new brush.

I will give you a button.

To Fourth—You have beautiful teeth; always take good care of them. I will give you a button.

To Fifth—Your teeth are pretty and so nice and clean. You surely will have a button.

To Sixth—Here's a boy with clean teeth. You also may have a button.

To Seventh—Your teeth need a lot of brushing. Do not forget to brush them four times a day. A button for you.

To Eighth—My! Yours are fine; a button for you.

To Ninth—I like your nice clean teeth and you are not afraid to show them. A button for you.

To Tenth—That's right; keep them clean always. A button for you.

Hygienist—Miss C., all your children have nice clean teeth.

Miss C.—I am very glad.

Oh, children, I'm so proud to see you all with clean teeth buttons. That's going to help us win the banner. Now, file.

(Children go to the dental room.)

SCENE II

School Room

(The children return from Forsyth Dental Infirmary, crowding about the teacher. All begin to talk at the same time.)

1st Child—(running into room) Oh, Miss J., we have won the banner.

2nd Child—Look at my silver filling.

3rd Child—Oh, Miss J., I had four teeth filled and one taken out.

4th Child—I only had to go once and I finished.

5th Child—The dentist did not hurt me at all. I would not have cared if he had, as I wanted to win the banner.

6th Child—I had four extracted.

7th Child—Everybody is finished.

8th Child—We are so glad.

Teacher, (who has been sitting, rises quickly)—Children—one at a time, please. I do not know what you are saying, but it sounds like good news. John, tell me.

9th Child—We have such a big surprise for you. We have won the banner.

Teacher—This is a surprise. I am very happy and so proud of you. I never thought all of you would finish this morning.

10th Child—We were so afraid Philip wasn't going to get through today, for he stayed upstairs so long.

Teacher—What is it, Joe?

1st Child—I like to go to Forsyth. There is such a pretty room with little chairs and tables and lovely pictures.

2nd Child—And gold fishes!

Teacher—Philip?

3rd Child—Do you know, Miss J., I like this feeling of winning. I would like to win everything. I know it is hard work, but I like hard work.

Teacher—Irving?

4th Child—I would just like to win in my lessons and win in my games. I like this game of winning.

Teacher—Minnie?

5th Child—Clean Teeth help us to win Good Health. Good Health helps us to win good character in the true American way.

6th Child—Won't Mr. Hinds be glad when he hears we won the banner?

Teacher—Yes, indeed, he will be very glad. Go to your seats, children. Fold your hands. How nice you look!

Miss C. is coming to see us this afternoon.

Here she is, now.

(Enter nurse, accompanied by a visitor.)

Teacher—Good afternoon, Miss C.

Nurse—Good afternoon, Miss J.

I would like you to meet Miss D. from San Francisco.

Teacher—I am glad to meet Miss D.

Visitor—Good afternoon, Miss J.

Teacher—Did Miss C. tell you the news?

Nurse—No, Miss J. I did not tell the secret.

Visitor—Oh, PLEASE tell me!

Teacher—The children will tell you about it.

Boy—Every child in our class had the teeth filled and cleaned. We have won the

Forsyth Banner.

Visitor—Oh, you really have won the Forsyth Banner? I have heard of Mr. Forsyth and the great work he is doing for the school children of Boston.

Teacher—Yes, I am sure many have heard of Mr. Forsyth's wonderful work. We appreciate what he is doing, don't we, children?

Children (in chorus)—Yes, Miss J.

Teacher—We worked hard to win the Forsyth Banner as that was the best way to show our gratitude to Mr. Forsyth. What is your motto, children?

Children (in chorus)—CLEAN TEETH, GOOD HEALTH.

Teacher—What will good health help you to be?

Girl—Good American citizens.

Teacher—In France during the war, which soldiers had the best teeth?

Boy—Our American boys.

Teacher—Why?

Girl—Because they took good care of their teeth when they were small children.

Teacher (to visitor)—Have you visited the Forsyth Dental Infirmary?

Visitor—No. I expect to Friday.

Teacher (to children)—There is much to see and learn there. We will do the tooth-brush drill for Miss D.

(Boy directs the Forsyth Tooth-brush Drill.)

Visitor—Thank you; that was splendid. Good-bye, children. Good-bye, Miss J.

END

Dental Clinics

We are indebted to the very wide-awake "Bulletin of the West Virginia State Department of Health" for the following extract.—Editor ORAL HYGIENE.

THROUGH the generosity of the U. S. Public Health Service, West Virginia is just now enjoying and profiting by a traveling Dental Clinic under the direction of H. B. Butler, D.D.S., late a Major in the Army where he conducted similar work and practical dentistry among the soldiers. For this very valuable aid we are largely indebted to Assistant Surgeon Talliaferro Clark, of the U. S. Public Health Service. Surgeon Clark has on a number of occasions conferred great favors on this State, and to him and Surgeon-General Blue the State is greatly indebted.

Major Butler carries with him a complete dental outfit and an experienced lady assistant. His purpose is not to treat diseased conditions of the teeth and mouth, but by lectures and demonstrations to teach the people, especially in the smaller towns and rural communities that may not be supplied with dentists, the necessity of securing and maintaining a healthy condition of the mouth with a view not only of keeping the teeth in good condition, but of preventing systemic diseases now known to be not infrequently due to imperfect mouth hygiene. This service is in a measure under the direction of the State Health Department which desires especially to assure the dentists of the State, whose co-operation is desired, that the work

of Major Butler, instead of interfering with the business of the dentist, will materially increase it by informing the people of the necessity for better and more prompt attention being given to the dental defects of children, and thus causing them to seek the services of the dentist. We hope to have this work continued until a good part of the State is covered by Major Butler and his assistant, both of whom are thoroughly skilled in dentistry.

In this connection we ask for careful reading of the following paper by a dentist of Charleston. It sets forth the facts very clearly which the people need to know.

Relationship of Pyorrhea to Public Health

By PHILLIP F. SCHAFFER, D.D.S.,
CHARLESTON, W. VA.

It is only within a very few years that any considerable number of people have appreciated the value of a clean mouth and sound teeth. A dentist was only consulted for the purpose of relief from toothache and for the repair of teeth; but at the present time the effect upon the general health of pathologic conditions of the mouth is beginning to be better understood not only by the dentist and physician, but also by the laity.

We have learned of the great harm that can come to the body from carious cavities, abscesses at the roots of teeth, and from pyorrhea pockets. It has been shown that disease germs found in the mouth are a prolific source of disturbances in other parts of the body, and our health authorities are alive to the fact that mouth hygiene or sanitation offers a permanent cure for many bodily ailments.

That diseased conditions of the mouth, self evident or brought to light by means of the X-ray, may cause many chronic systemic ailments has been proven by rational experiment and research work by the leading men of both the medical and dental professions, men such as Mayo and Rosenau. Sciatica, acute paralysis, indigestion, ulcerated stomach, neuritis, arthritis, chronic valvular heart disease and nervousness are often caused by local mouth infections.

The most harmful of all mouth lesions or infections which ruin the health of our people is pyorrhea (which means "running pus"), because it is so prevalent. At least 60% of our population over 40 years of age have pyorrhea at some stage or other, and many under that age also have it. Pyorrhea in its destructive stage liquefies or turns to pus the soft tissues, (gum and pericemental) surrounding the teeth, destroys the bone of the jaws and causes the infected teeth to either fall out or become so loose that they must be extracted. The pyorrhea pockets are filled full of highly virulent germs, all destructive pus germs, and in many cases the

pneumococcus. There is a constant absorption of these toxins both into the blood stream and the digestive tract. The digestion is ruined, the blood stream polluted and the central nervous system impaired. There is no diseased condition in medicine more injurious to the general health of the public and there is no disease today more prevalent and doing more to undermine the physical health of our people than this disease of the mouth.

It has often been asked: can pyorrhea be cured? This can be answered both in the affirmative and negative. It all depends on what stage the disease has reached; and again the word cure is a relative term as applied to any disease. In the treating or curing of pyorrhea we cannot replace lost gum and pericemental tissue where it has been destroyed, but it can truthfully be said that the soft tissues can be freed from germs and pus, irritations removed, and the parts made altogether hygienic, healthy and comfortable. With this much accomplished the resulting improvement in general health usually speaks for itself.

Dr. Mayo has repeatedly said: "The first step in preventive medicine lies in the mouth." It might be added that progressive dentistry is preventive dentistry. Prevention is the keynote of the handling of the problem of pyorrhea. Mouth hygiene and prophylaxis taught in the public schools in the form of tooth brush drills and lectures, dental clinics, research work, and the early recognition of the condition by the dentist—all these make for pre-

vention and should be strongly encouraged by our professional men and supported by the public.

The recent sending into this state of a traveling Dental and Mouth Hygiene Clinic by the U. S. Public Health Service is an excellent move in the direction of prevention. The public must be taught proper care of the gums as well as the teeth for correction of irregular teeth, the advantage of thorough chewing of food, while the dentist and physician must realize that pyorrhea must

be caught in its early stage if we are to expect a sure cure. In its beginning stages, unless complicated by a severe independent systemic condition, it is readily amenable to treatment, and permanent curative results can be accomplished.

The elimination of the scourge of pyorrhea from the people would result in improved health conditions as a whole, a greater happiness and efficiency and go far to measurably increase the length of life of the people.

Beginning

Next

Month—

“Some Things
We Learned in
the War”

By the
Editor

A Simple Plan to Improve a Dentist's Income

By HARRY J. BOSWORTH, CHICAGO, ILL.

The Efficiency Engineer has figured on how the laborer shall best save time by studied movements. The long handled shovel, periods of rest, etc., are part of the scheme. The story is told of the housewife who employed these methods in her daily tasks. It was determined that the washing, ironing, and similar duties required a specific time. Unable to keep up with her schedule, she worried herself into a severe attack of nervous prostration. Working on a pre-determined plan spells efficiency, but many times the end is an asylum.

IN my work to improve a dentist's gross earnings I find that about seventy per cent of a dentist's efforts are made at a loss and in making an analysis of

these individual items I find that the following chart will tell what these items are and warn a man in making his charges to look out for them.

CHART TO IMPROVE THE DENTIST'S EARNINGS

Productive

1. Crowns
2. Bridgework
3. Gold Inlays
4. Silicate
5. Lingual Bars
6. Pyorrhea
7. X-ray

Non-Productive

8. Treatments
9. Plates
10. Silver Fillings
11. Cement Fillings
12. Examinations
13. Cleaning Teeth
14. Stopping Toothache
15. Extracting
16. Anesthetics
17. Baby Teeth
18. Broken Appointments

When you have taken the kinks out of your practice all the above operations will be on the productive side of the ledger and look as follows.

Compare the numbers above with those below:

1. Crowns—shoulder or jacket.
2. Bridgework—removable or fixed
3. Gold Inlays
4. Porcelain Inlays
5. Lingual Bar Dentures
6. Pyorrhea Health Dentistry
7. X-ray Diagnosis
8. Treatments—at the patient's risk

9. Plates (non-skid and others)—not leading the patients to expect too much and make them partners to the deal by having them put some of their money into the transaction.

10. Alloy restorations—unless you are selling merchandise make the fee the same as for gold inlays.

11. Cement fillings—if indicated get as much per hour as you do for silicate.

12. Diagnosis—with study model and radiographs—which looks right and commands a fee.

13. Prophylaxis—preventative dentistry—the future dentistry.

14. Emergency relief work for which the patient is willing and expects to pay.

15. Exodontia—with surgical procedure and surroundings.

16. Anesthesia—with a fee in consideration of the serious nature of the undertaking.

17. Children's dentistry—educational and preventative. The fee should be in keeping with the benefit derived for the future welfare of the child's teeth.

18. Broken appointments—A charge should be set up for them, and so itemized so the matter will come up for discussion. This plan will bring to their attention in a forceful manner that you do not relish "broken promises."

The psychology of changing the name of an operation or procedure will help a man to get a profitable fee. Study this chart carefully and I feel it will mean thousands of dollars yearly improvement to any average practice. Spend ten minutes every day going over your day's effort, being careful to realize a profit on each operation. You will be surprised to see what the results will be. Don't guess. Keep an accurate record of time with a time stamp. Time is precious—it is all you have to sell.

A doubled income should come from following this plan.



How Tuskegee Institute Is Promoting Better Health Conditions in the South

By JOHN A. KENNEY, MEDICAL DIRECTOR, JOHN A. ANDREW MEMORIAL HOSPITAL, TUSKEGEE INSTITUTE, ALA.

Tuskegee Institute, through its Department of Health, is doing good work by promoting better health conditions in the South. We are indebted to "Modern Medicine," for the abstract.—Editor ORAL HYGIENE.

OF the many departments established at Tuskegee Normal and Industrial Institute, long time, longer than might be supposed in an institution of this kind. For several years it was

An institution that used to get letters saying: "Turn my son or my daughter out of that 'horse-pital.'"

Tuskegee, Alabama, it is doubtful if any one has proved itself of greater worth and real benefit to the community, or even to this section, than the department of health. In establishing this department in the beginning, the idea was to care for the sick students of the school; also, those of the teachers who were not connected with the school families and were housed in the dormitories. In the beginning it was necessary to educate not only the students, but the teachers to the hospital idea. This took a very

rather rare to have a teacher as an inmate of the hospital, many preferring to remain in their rooms for treatment because the name "hospital" carried with it a certain odium that was more or less repugnant to the average teacher.

If this was true of the teachers, what might be said of students? Under the regulations it was made compulsory for a student who depended upon the school, when sick, to go to the hospital so he could be properly cared for. This finally made the hospital

more popular among the students, but the effect upon their parents and relatives at home was sometimes little short of alarming. Many a time have we received letters from such persons saying: "Turn my son or my daughter out of that 'horse-pittal.'"

As the idea became more popular among the teachers and the student body it was found to be a good thing to extend its benefits to our immediate community; that is, to the town of Tuskegee and then to Macon County, for the care of persons who were not officially connected with the school. This necessitated another educational effort. For a long time it was difficult even to get such people to come within the doors of the hospital, and to say to them, "remain for treatment," was sometimes considered almost an insult.

We are pleased to say that these conditions now have very largely changed; but we are still engaged in the effort to educate our people to the hospital idea.

Several years ago it was thought a good idea to hold clinics at the hospital for the purpose of giving both medical and surgical treatment to such cases as needed professional care but were unable to pay for the same. In 1912 the National Medical Association held its annual meeting at Tuskegee Institute, and it was thought that this would be an opportune time to inaugurate the clinic. Arrangements were made and the results were all that could be wished for. Fully 525 patients were treated on this occasion during the Clinic Week. These were given medical and surgical

treatment. A variety of operations were performed. All of the patients recovered and went back to their individual communities; since which time we have held a clinic annually with the result that we have never suffered for lack of material. Our Eighth Annual Clinic was held the first week in April of 1919 at which time we had present seventy physicians and surgeons, including a few dentists. The Clinic was divided into four departments—medical, surgical, dental, and a special clinic for eye, ear, nose, and throat diseases. At this Clinic there were treated 290 patients, 40 of whom received surgical operations.

Because of the many advantages offered to the patients and to members of the profession by these annual clinics, it was decided last year to form a permanent organization and hence was formed the John A. Andrew Clinical Society with a membership of fifty-one. The object of this society is to perpetuate and hold the annual clinics at our hospital and, while treating the many needy patients, to encourage the development of our physicians, surgeons, and dentists by placing at their disposal the amount and variety of work these patients afforded for study, observation, and treatment.

Our hospital work had a very humble beginning when in 1892 certain rooms in one of the girls' dormitories were set aside for the female students who were sick, and certain rooms in the boys' dormitories for male students who needed medical attention. A female physician was employed

and a certain number of boys and girls were assigned to her to help her care for those who were sick. This was the real beginning of our hospital and of our Nurses' Training School. A little later one of the cottages on the grounds was set aside for the purpose; in 1901, friends in the North provided funds for the erection of a two-story frame hospital building. The work continued in this until 1913, when other good friends of the North donated funds for the erection of the John A. Andrew Memorial Hospital, a modern, up-to-date, well-appointed, two-story brick building, with accommodations for sixty patients with no crowding, and for a good many more when it is necessary.

Our Nurses' Training School has kept pace with the growth of the hospital and the nurses have proved themselves a real boon to suffering humanity all through our immediate section, and practically throughout the South in different cities and towns, and in many places in the North. We have in our possession a number of communications both from and concerning our nurses which show what they are doing in private work, in institutional work, in the Public Health Service, and in nearly every instance they are able to hold their own along with graduates from other institutions. Up to the present time we have graduated 127 nurses and a large number of undergraduates have

left us with sufficient training to enable them to administer successfully to the sick and to secure constant remunerative employment.

In five years 6,828 medical cases have been treated, with a mortality of only 0.4 per cent; surgical cases to the number of 379—with a mortality of only 2 per cent; during the influenza epidemic 449 cases, with no deaths; and 32 cases of pneumonia with only one death.

It is our purpose so far as possible to make the Institute Hospital the health center not only of the school but of this community and, with that object in view, from time to time health talks and demonstrations are given by members of the hospital staff both at the hospital and at appointed places in the community. At frequent intervals literature bearing on health conditions and giving simple rules for health betterment is printed and distributed free of charge among the people of the community. Nurses are sent out into the homes of the needy to do district work, giving baths, cleaning up homes, preparing nourishment for the sick, and showing them how to do these things properly for themselves. By these means the Health Department of the Tuskegee Normal and Industrial Institute has grown until it has become a real factor in the social life of this section of the South.

Europe owes some \$290,000,000,000 against which she has a gold reserve of little more than \$5,500,000,000, or less than two per cent.

Correspondence



Prince RaHoteb

Editor Oral Hygiene:

On page 361 of the March, 1920, number of ORAL HYGIENE, is this sentence: "If you should ever hear of a fat Egyptian in the ancient sculptures of the land of Cleopatra, please tell Harry Gage about it."

Fat Egyptians in art are certainly rare, but there are two in the Museum at Cairo,—a Prince, and the wonderful wooden man walking with a staff. There is a good picture of this last in a comparatively recent book on Egypt, the author of which I have forgotten. I enclose an outline of the head, which I drew on the spot. It shows what may be called a fat man.

Yours truly,

M. BOWEN.

Follen St., Cambridge, Mass.

DEPARTMENT OF PUBLIC
HEALTH

TORONTO, CANADA

Editor Oral Hygiene:

I desire through your excellent magazine to suggest a conference of civic dental officers. The number of municipalities undertaking this valuable service is rapidly increasing and a discussion of the problems and procedures involved, by those engaged in the work, would be of great benefit to all concerned.



Wooden Man

Doubtless this would also result in many localities assuming their present responsibility to their citizens of a few years hence.

In the meantime we might obtain some valuable suggestions if we knew with whom to correspond in the different cities and I would suggest, Mr. Editor, that all those in charge of school or civic dental clinics should send their names and addresses to you and I am sure you will gladly publish the list, from time to time, as it grows. I sincerely hope that the idea of a conference may be satisfactorily worked out.

Yours very truly,

W. E. WILLMOTT,

Director Dental Service.

Toronto, Canada.

Dr. G. Franzius

201 East Eighth-Second Street
New York, N. Y.

Editor Oral Hygiene:

An article, entitled: "Here they Come," published in your journal called ORAL HYGIENE, lies before me on my desk and I have read it again and again hoping against hope, that each time I read it, it would appear less obnoxious to me but in vain, on the contrary, it has become more nauseous to me each time. Our President Wilson has declared again and

again that we were not fighting the German people but their autocratic government. The latter's doom having been accomplished I should think we ought to be satisfied. But it seems to me that some of our generous people have not understood this. I believe it is about time that they should be instructed of this fact. I consider this article to be the offspring of a diseased mind wholly unfit to be allowed to write for a journal such as you publish and I refuse to have such un-American literature on my table. Therefore, ask you not to send me anymore of these disgraceful journals.

Respectfully yours,
G. A. FRANZIUS.

The Incorporated Dental Society

1 Infirmary Road, Blackburn,
England

Editor Oral Hygiene:

Upon my demobilization from service abroad—with a Dental Unit—I was pleased to find awaiting me a copy of ORAL HYGIENE. It was the first copy I had seen and it was certainly worth being demobilized for!

Allow me to congratulate you on your efforts to introduce same into this country. I am not—usually—enamoured of “outsiders” running “stunts” in another country but I recognize in your efforts a genuine attempt to educate the general public.

Here in England, conditions are much different to U. S. The position of matters dental is at present very unsatisfactory, but there are hopes that this state of affairs will soon be remedied.

Until unity is obtained such campaigns as yours cannot be wholly supported by the dental profession here.

As an official of a Dental Society, I am much interested in your article foreshadowing a campaign in the lay press of the States. If you have any further details regarding this idea, I would be glad to receive them.

Again thanking you for your efforts on behalf of oral hygiene

I am,
Yours faithfully,
HERBERT J. WILKINSON,
Secretary.

Editor Oral Hygiene:

This appeal is directed by the State Board of Dental Examiners of Alabama to the recognized dental colleges of the United States.

In the light of present day knowledge, it seems to us but little short of criminal that the schools in many instances are graduating men with such a vague idea of the awful effects of focal infection resulting from improper root canal technique.

So much secondary disease originating from focal infection makes it absolutely necessary that if root canal technique is to be taught at all, then the most approved modern methods should be taught, not only in lectures, but should be practiced rigidly in the infirmary.

In this connection, it is deplorable that in many instances we find recent graduates going out mentally equipped to practice obsolete methods and we respectfully suggest that those colleges which have not already

done so, establish a chair bearing the same relation to dental surgery that the chair of current literature bears to the academy course in the various colleges and universities.

With no intent to embarrass and with only the good of the public and the rightful recognition of the profession in mind, this appeal is respectfully submitted.

DRS. C. W. LOKEY and H. T. MCKINNON, Committee, Board of Dental Examiners of Alabama.

THE TENTH DISTRICT DENTAL SOCIETY

Editor Oral Hygiene:

Just a word of encouragement for your little monthly, ORAL HYGIENE; this month's is full of interesting reading and I don't want to miss one. Keep the good work up; it is very beneficial to the profession.

Very truly,

VICTOR D. BARBOT, D.D.S.

Pres. Tenth District Dental Society, Augusta, Georgia.

War's Effect on French Children

The effect of the war on the children of France is shown in a recent report submitted by the American Red Cross headquarters at Lille. The figures are furnished by the Municipal Bureau of Hygiene.

The city had a pre-war population of 200,000. The birth rate has shrunk from nearly 4,900 in 1913 to only 600 in the past year. The figures by years follow: 1913, 4,885 births; 1914, 4,540 births; 1915, 2,155 births; 1916, 640 births; 1917, 600 births; 1918, 600 births.

The death rates according to ages are not known but since the armistice a survey has been made in all public and private schools with a view to obtaining appropriate food for all children whose development has been retarded and to place all those who show signs of tuberculosis in the care of institutions and welfare organizations. Of 18,000 children in school at Lille at the time of the armistice, more than 6,000 had to be sent to hospitals or convalescent centers.

This survey indicated that 60 per cent of the school population showed signs of arrested development, while about 40 per cent gave evidence of ganglionic or pulmonary tuberculosis. In one typical school, out of 210 examined, only one was in normal health.—*Modern Medicine*.

Fortunate Lord Mayor

At the annual meeting of the Liverpool Dental Hospital, the Lord Mayor (Mr. Burton W. Ellis) gave an interesting personal experience of the value of paying early attention to the condition of the teeth. His Lordship stated that his father insisted on all the members of the family attending the dentist every six months and he attributed to that parental foresight the excellence of his teeth at the present day. "I don't know anyone," said the Lord Mayor, "who has better teeth than I have. I have only lost one, and I attribute the preservation of my teeth to the care of dentistry."—*The Dental Surgeon*, London.

EDITORIAL

REA PROCTOR McGEE, M.D., D.D.S., *Editor*

613 Jenkins Bldg., Pittsburgh, Pa.

ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine.

The Gold Tax

A FEW years ago we heard the merits of the "gold standard" discussed at every political meeting and on every street corner and in every grocery store in the land.

The "gold standard" decision was finally reached after several presidential campaigns and, so far as logic was concerned, it was definitely proved that gold was the one thing in this world that could not change in value.

Since the beginning of history the one "easy money" proposition has been a gold mine.

Now we are told that in order to "protect" the sources of gold supply a tax must be placed upon all the gold that is used in the arts and sciences.

When the smelter trust was putting all of the small producers of gold out of business, a few years ago, nobody seemed to care—but now the very crowd who caused vast areas of low grade ores to remain unworked, and who ruthlessly stamped out the initiative of the prospector, are crying for a chance to profiteer.

This gold protection business is the climax.

Just think over the plan.

This bill proposes to levy a tax of *ten dollars per ounce* on gold and to pay that tax, not toward government expenses, but to pay ten dollars an ounce bonus to gold producers.

There is no question of the right of the government to collect a tax on anything it chooses, but there is a very considerable question as to whether the government can tax one class of citizens and give the tax to another class of citizens.

The revenue agents are already fairly well occupied with the 18th amendment and the income tax. How many detectives and revenue officers will it take to enforce a tax of ten dollars per ounce on the gold that is used for purposes other than coinage?

The "moonshiner" will be childish compared to the "high-grader" who will smuggle gold to the consumer.

After gold has been once used, the tax being paid, will the gold scrap be taxed again? If not, how are you to tell whether you are violating the law? If all scrap is taxed it means a ten-dollar-per-ounce tax on every change in the form of gold.

How can the health of the mouth be conserved without the use of gold?

In this bill, the dental work in charitable institutions and for children under fifteen years of age is to be exempted. Those who receive charity may have their work done properly but you and I and all of the great body of self-supporting people must either do with make-shifts in our mouths or we must pay a tax that is ultimately to find its way to the coffers of those who control the gold production of America.

"Health is the first wealth." Coinage comes second.

The gold that is used in the mouths of the people of America is more important than many times that amount of gold would be for coinage.

This bill is an acknowledgment that the "gold standard" has failed. Why make it more precarious by this unheard of method?

There is only one way to keep gold for coinage. That is to prohibit absolutely the use of gold for any purpose except health and finance. Then there will be plenty of the precious metal for its legitimate uses.

The Demand

THE reason there is an increased demand for dental service is because dental service has delivered the goods and because the relation of the mouth to health has been proven.

Dentistry is wanted because dentists are a group of highly-trained, technically-educated men.

The slightest deviation from the policy of a thorough, practical scientific dental education will result in disaster.

The suggestion is made by one of our contemporaries that dentistry break up into a lot of "half-baked" fragments that are termed "specialties"; a better term would be "partialities." Such a method would be professional suicide. The dental situation in England is cited as an example. The condition that England faces in dental matters is not the result of a high-class dental education but is the result of a very near-sighted policy in the method of issuing licenses. The licensing boards there were even more dictatorial than the boards in America.

The result was that the bars had to be let down somewhere and, rather than allow qualified men from other

parts of the Empire and from the United States and other countries to take the examinations, they preferred to let unregistered men practise without any qualifications so long as they did not call themselves dentists.

Many of the unregistered men in England are really first-class dentists but are prevented from taking the examinations by some technicality. Instead of reducing our educational standard let us broaden the views of our state boards.

Whenever a man or woman graduates from a recognized college the state board examination is merely a subsequent test.

After the tests are passed once, there should be no further technical examination.

The duty of a licensing board should be to pass upon the record of a man's professional career—to see if he is a desirable citizen. *Any man who is capable of practising in one state should be capable in another.*

Another thing that is driving good men out of practice, where they are needed, is the custom of employing pin-headed fossils to pass upon the preliminary education of the applicant for a license.

The college that graduates a dentist has already passed upon those qualifications.

Many a good dentist is refused examination because some alleged "professor" who is not a legal member of the state board, turns him down on preliminary education—not because that dentist did not satisfy his college with his preliminary education, but because this employee disagrees with the college.

Here is a very fruitful ground for a mandamus suit that will open up a few state boards.

The objection to these credit examiners is not due to a desire to pass men without the qualifications that should have admitted them to a dental college in the first place.

The protest is made against a too-frequent custom of under-valuing, and refusing to consider, real credits.

When a student goes through public school and high school and has university credits—the institutions that gave those credits must be standard in their communities. I refuse to believe that any employed examiner is qualified to refuse such credits.

This excessive demand for dental service is bound to increase and the increased remuneration and increased facilities for dental education will adjust the supply to the demand.

In all of the years that dentistry was working up to its present position the public didn't bother much about it.

The thing for us to do now is to maintain the standing of our education and deliver increasingly good service rather than get panicky and give a class of practitioners that the public would be better off without. Good dental service is invaluable but poor dental service is worse than none.

Dentistry and the Metric System

THE World Trade Club says:

What would you think?

What would you think of a proposal that humankind go back to the hand-loom, the pack horse? That we abandon the printing press, the telephone, the telegraph, the railroad, the steamship, the airplane?

Would you consider such proposals in the interest of civilization? Or would you consider them as hindering the progress of the world?

Suppose that in the Middle Ages in Germany the merchants devised a cumbersome illogical series of weights and measures which they used in trade, which they forced onto Britannia thru their influence over the English kings and absolute control of English trade, and which Britain landed on America; suppose that an infinitely superior system of weights and measures

were invented by a Briton, and that Germany seized upon it, using it in trade to her great advantage; suppose that all the world, save Britannia and America, recognized the simplicity and logic of this decimal metric system, and determined to adopt it as a world-wide uniform standard, scrapping the antiquated German jumble of weights and measures.

You do not have to *suppose* these things. **THEY ARE FACTS.**

Germany, in 1871, scrapped her old jumble and put into use the simple decimal metric weights and measures, invented in 1783 by a truly great Briton, James Watt.

Now suppose one more thing. Suppose that Germany, after she had increased her own efficiency in war and trade by use of metric standards, had tried to forbid all English-speaking people the use of Watt's invention, and had tried to compel them to keep on using the antiquated German jumble. What would you think?

Well, the situation is even worse than that. Our own blindness and inertia have kept us from adopting metric standards along with the rest of the world.

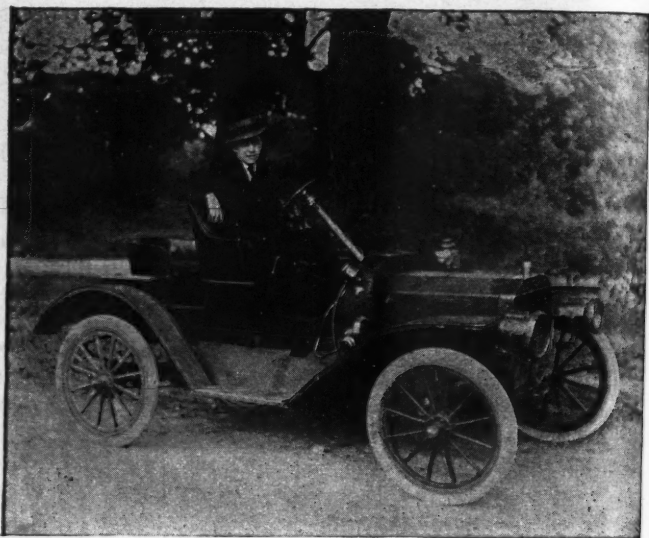
It is time for us to adopt the metric system. Already more than half of the measurements in dentistry are metric—let's make it 100%.

L'Envoi

(Old Song Revised)

But since in wailing
There's naught availing,
And Ford unfailing
Must hit the trail;
Then for this reason
And for a season,
Let's fill up with gas
And let her sail.

ONLY a blind man would fail to recognize this car of ancient vintage—a vintage that ran along the banks of the "Green River" down to the "Hermitage" and always took the "Blue Ribbon" that made "Milwaukee famous" in the days of "Auld Lang Syne."



The question is: who is the chauffeur? Every gang of specialists should be able to recognize their own kind from the cradle to the grave.

How hard are you going to try to guess who it is?

How 'ard R. the X-ray-pers going to try to guess?

And the question that arises is: what in thunder was that little third seat ever tacked onto a Ford for, anyway? As I think over the dangers of X-ray machines it seems to me that the little seat may have been placed back there to accommodate the fellow who had been so badly burned, with his Crooke's tube, that he couldn't sit still.

That back seat would keep the charred one out of sight and leave the driver free to have St. Vitus dance with his feet on the clutch and brake pedals.

At any rate, you can see from this picture that our contributing editor started out all right.

Suggestions

ORAL HYGIENE always feels complimented when contemporaries reprint from our pages. But we (the editor and the manager) would feel very much more complimented if a little more care is exercised in giving proper credit.

Also—the editor requests correspondents to be as patient as possible in awaiting replies to letters.

The enormous correspondence connected with this job entails more work than editing the magazine!

Thrift

The most of us have been laboring under the delusion that the last word in thrift found refuge in the automobile factory of Henry Ford many years ago, but a dispatch from Detroit the other day suggests that it was only a delusion. For, to escape the perils of carelessness, a new order was issued a short time ago, which turns out to be a profitable one, as well as a certain measure of safety.

It was found that undrawn nails protruding from opened barrels and boxes sent through the factory caused numerous cases of blood-poisoning through accidental scratching of the hands of workers. This resulted in an order that every nail should be drawn from containers on arrival at the receiving room. This required two additional workers. Several hundred pounds of nails were saved weekly and re-used. It was found this resulted in a net saving to the company of about \$20 a day, after allowing for the wages of the nail removers. Time lost through accidents caused by the nails was reduced to a minimum. Boards of boxes and barrels not damaged in unpacking also were salvaged.

We have here a graphic illustration of the profitableness of caution. Originally undertaken as a measure of safety, to guard against the expense of physical injury, it turns out to be a medium of profit to the concern which went to the expense of putting it into operation, reminding one of the old school verse: "Tall oaks from little acorns grow."—Rochester, N. Y., *Herald*.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor of this page, George L. Kinter, 103 Clarendon Ave., Crafton Heights, Pa. He *may* print it—but he won't send it back!

There was an old maid from Lynn,
Who was so exceedingly thin,
That when she essayed to drink lemonade,
She slipped through the straw and fell in.

—Miss Eleanor W.

A bashful young Scot had no courage to speak for himself. At last one Sabbath night he said, "Jane, do you ken I were here Monday night?" "Aye." "And I were here Wednesday and Thursday?" "Aye." "And once more on Friday and again last night?" "So you were." "And here I am tonight." "Yes." Finally, in desperation, "Woman, do you no smell a rat?"

Hon. Mr. Sweet was making friends with Johnny, his host's son. "And how old are you?" he asked. "I'm five," said Johnny. "Ah, quite a little man! And what are you going to be?" questioned Mr. Sweet, who believes that he selected his own career in the cradle. "I'm going to be six," Johnny returned with conviction.

"Why are you asking me for help? Haven't you any close relatives?" "Yes. That's the reason why I'm appealing to you."

Melindy, bereaved of her husband, consulted her young mistress on the proper wear to disclose her grief. "Ah wants a black hat, an' a black dress, an' black shoes, an' black gloves, and and a whole black hank'chief, ma'am." "Oh, no, Melindy," her mistress protested, "not a solid black handkerchief!" "Honey," remarked Melindy, impressively, "when ah mourns, ah mourns!"

A vicar in England visited a widow, seventy-five years old, who had had six children, all of whom had married and left her. The clergyman endeavored to sympathize with her. "Well, Mrs. Higgins," he said, "you must feel lonely now." "Yes, sir," she said, "I do feel it lonesome. I've brought up a large family, an' here I am living alone. An' I misses 'em an' I wants 'em, but I misses 'em more than I wants 'em."

Irate Sergeant (to unhappy recruit, who won't "cut it short")
—"Silence wid you, when you're speakin' to a hoffer!"